

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30846

**Entity Name:** NEW LIFE RECOVERY PROJECT, INC.

**Current Principal Place of Business:**

255 BURLEIGH AVE.  
HOLLY HILL, FL., FL 32117

**Current Mailing Address:**

255 BURLEIGH AVE.  
HOLLY HILL, FL., FL 32117

**FEI Number:** 59-2941032

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COON, RICHARD  
112 DOUGLAS DR.  
HOLLY HILL, FL 32117 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LEGODAIS, GENE  
Address 2900 S PENINSULA DR  
City-State-Zip: DAYTONA BEACH FL 32118

Title SD  
Name WHITON, CHAD  
Address 308 LOOMIS AVE  
City-State-Zip: DAYTONA BEACH FL 32114

Title VTD  
Name LEGODIAS, JULIE  
Address 2900 S PENINSULA DR  
City-State-Zip: DAYTONA BEACH FL 32118

Title TD  
Name WHITON, CHRIS  
Address 629 S RIDGEWOOD AVE  
City-State-Zip: DAYTONA BEACH FL 32114

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GENE LEGODAIS

**PRES**

**03/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date