

2019 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:

SMOLINSKI, MARTI
318 PHOENIX AVE
DAYTONA BEACH, FL 32118 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: MARTI SMOLINSKI

04/05/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name LEGODAIS, GENE
Address 255 BURLEIGH AVE.
City-State-Zip: HOLLY HILL FL 32117

Title VTD
Name LEGODIAS, JULIE
Address 255 BURLEIGH AVE.
City-State-Zip: HOLLY HILL FL 32117

Title SD
Name WHITON, CHAD
Address 117 BOSWELL DR.
City-State-Zip: HOLLY HILL FL 32117

Title TD
Name WHITON, CHRIS
Address 115 DICKINSON DR.
City-State-Zip: HOLLY HILL FL 32117

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

PD

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date