

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N05000009661

1. Entity Name
NEW LIFE ORPHANAGES INTERNATIONAL, INC.



Principal Place of Business
**2110 CANAL RD
LAKE WALES, FL 33898**

Mailing Address
**POB 2754
HAINES CITY, FL 33845-2754**



02232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3531914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DONOHUE, TERRENCE
2100 CANAL RD
LAKE WALES, FL 33898**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONOHUE, TERRY DR.
STREET ADDRESS	2100 CANAL RD
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	D
NAME	DONOHUE, LINDA
STREET ADDRESS	2100 CANAL RD
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	D
NAME	CARTER, MICKEY DR.
STREET ADDRESS	2020 HINSON AVE
CITY-ST-ZIP	HAINES CITY, FL 33844

TITLE	D
NAME	BROWN, DAVID
STREET ADDRESS	PO BOX 2854
CITY-ST-ZIP	BRANDON, FL 33509

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/07-80007-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

863 439 2307

Daytime Phone #