

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009661

FILED  
Jul 09, 2008  
Secretary of State

**Entity Name:** NEW LIFE ORPHANAGES INTERNATIONAL, INC.

**Current Principal Place of Business:**

2110 CANAL RD  
LAKE WALES, FL 33898

**New Principal Place of Business:**

1903 TRINITY CIRCLE  
HAINES CITY, FL 33844

**Current Mailing Address:**

POB 2754  
HAINES CITY, FL 338452754

**New Mailing Address:**

**FEI Number:** 20-3531914      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

DONOHUE, TERRENCE  
1903 TRINITY CIRCLE  
HAINES CITY, FL 33844      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: TERRENCE DONOHUE

07/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DONOHUE, TERRY DR.  
Address: 2100 CANAL RD  
City-St-Zip: LAKE WALES, FL 33898

Title: D      ( ) Delete  
Name: DONOHUE, LINDA  
Address: 2100 CANAL RD  
City-St-Zip: LAKE WALES, FL 33898

Title: D      ( ) Delete  
Name: CARTER, MICKEY DR.  
Address: 2020 HINSON AVE  
City-St-Zip: HAINES CITY, FL 33844

Title: D      ( ) Delete  
Name: BROWN, DAVID  
Address: PO BOX 2854  
City-St-Zip: BRANDON, FL 33509

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: DONOHUE, TERRY DR.  
Address: 1903 TRINITY CIRCLE  
City-St-Zip: HAINES CITY, FL 33844

Title: D      (X) Change ( ) Addition  
Name: DONOHUE, LINDA  
Address: 1903 TRINITY CIRCLE  
City-St-Zip: HAINES CITY, FL 33898

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TERRENCE DONOHUE

PRES

07/09/2008

Electronic Signature of Signing Officer or Director

Date