2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N05000009661

Entity Name: NEW LIFE ORPHANAGES INTERNATIONAL, INC.

Current Principal Place of Business:

1903 TRINITY CIRCLE
HAINES CITY, FL 33844

New Principal Place of Business:

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DONOHUE, TERRY DR.	
Address:	1903 TRINITY CIRCLE	
City-St-Zip:	HAINES CITY, FL 33844	
Title:	D	( ) Delete
Name:	DONOHUE, LINDA	
Address:	1903 TRINITY CIRCLE	
City-St-Zip:	HAINES CITY, 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 01/16/2009

Electronic Signature of Signing Officer or Director — Date