

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009661

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**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  
**Name:** DONOHUE, TERRY DR.  
**Address:** 1903 TRINITY CIRCLE  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** D  
**Name:** DONOHUE, LINDA  
**Address:** 1903 TRINITY CIRCLE  
**City-St-Zip:** HAINES CITY, FL 33898

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

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

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:** TERRENCE DONOHUE,DR.

D

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date