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FILED

Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10385 (5)

1. Corporation Name

NEWLIFE CHRISTIAN HOME, INC.

Principal Place of Business

Mailing Address

6707 SKOKIE ROAD  
LAKE WALES FL 338536707 SKOKIE ROAD  
LAKE WALES FL 33853-90203. Date Incorporated or Qualified  
07/23/19853a. Date of Last Report  
02/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

24

2a. Mailing Address

26 Po Box 1842

27 Suite, Apt. #, etc.

28 City &amp; State

29 Zip

30 Country

30 Polk-USA

4. FEI Number

59-2567030

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DONOHUE, TERRENCE, SR.  
1719 DICKENS RD  
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME DONOHUE, TERRY  
STREET ADDRESS 1719 DICKENS RD  
CITY-ST-ZIP LAKE WALES FLTITLE V ☐ DELETE  
NAME CARTER, MICKEY  
STREET ADDRESS 2020 HENSON AVE  
CITY-ST-ZIP HAINES CITY FLTITLE ST ☐ DELETE  
NAME DONOHUE, LINDA  
STREET ADDRESS 1719 DICKENS RD.  
CITY-ST-ZIP LAKE WALES FLTITLE D ☐ DELETE  
NAME BROWN, DAVID  
STREET ADDRESS 2505 S WIGGINS RD.  
CITY-ST-ZIP PLANT CITY FLTITLE D ☐ DELETE  
NAME FLETCHER, SIMION  
STREET ADDRESS 1210 OLD POLK CITY RD  
CITY-ST-ZIP LAKELAND FLTITLE D ☐ DELETE  
NAME ROBERTS, WALLACE A  
STREET ADDRESS 6707 SKOKIE ROAD  
CITY-ST-ZIP LAKE WALES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053954

1/9/97 941-439-2273

CR2E037 (9/96)