

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N10385** (5)

1. Corporation Name

**NEWLIFE CHRISTIAN HOME, INC.**



|   |  |  |  |
|---|--|--|--|
| Principal Place of Business<br><b>6707 SKOKIE ROAD<br/>LAKE WALES FL 33853</b>  |  | Mailing Address<br><b>PO BOX 1842<br/>DUNDEE FL 33838<br/>US</b>   | 3. Date Incorporated or Qualified<br><b>07/23/1985</b>                                       |
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country   |  | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country   | 4. FEI Number<br><b>59-2567030</b><br>Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    |  |
| 9. Name and Address of Current Registered Agent<br><b>DONOHUE, TERRENCE, SR.<br/>1719 DICKENS RD<br/>LAKE WALES FL 33853</b>      |  | 10. Name and Address of New Registered Agent<br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City <b>FL</b> <b>85</b> 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 |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DONOHUE, TERRY</b>                     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1719 DICKENS RD</b>                    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAKE WALES FL</b>                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CARTER, MICKEY</b>                     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2020 HENSON AVE</b>                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>HAINES CITY FL</b>                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DONOHUE, LINDA</b>                     | 3.2 NAME  |   |
| STREET ADDRESS             | <b>1719 DICKENS RD.</b>                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAKE WALES FL</b>                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BROWN, DAVID</b>                       | 4.2 NAME  |   |
| STREET ADDRESS             | <b>2505 S WIGGINS RD.</b>                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PLANT CITY FL</b>                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FLETCHER, SIMION</b>                   | 5.2 NAME  |   |
| STREET ADDRESS             | <b>1210 OLD POLK CITY RD</b>              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAKELAND FL</b>                        | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROBERTS, WALLACE A</b>                 | 6.2 NAME  |   |
| STREET ADDRESS             | <b>6707 SKOKIE ROAD</b>                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LAKE WALES FL</b>                      | 6.4 CITY-ST-ZIP                                       |   |

14. I 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 REQUIRED**

1/4/97

Date

941-439-2273

Daytime Phone # 0055669

CR2E037 (10/97)