

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90072 018 ****61.25

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DOCUMENT # N10385

1. Corporation Name

NEWLIFE CHRISTIAN HOME, INC.

Principal Place of Business

6707 SKOKIE ROAD
LAKE WALES FL 33853

Mailing Address

PO BOX 1842
DUNDEE FL 33838
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/23/1985

4. FEI Number

59-2567030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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)

6707 SKOKIE RD

LAKE WALES FL

83 City

LAKE WALES

FL

85 Zip Code

33853

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 ☐ DELETE

NAME DONOHUE, TERRY
STREET ADDRESS 1719 DICKENS RD
CITY-ST-ZIP LAKE WALES FL

TITLE ☐ DELETE

NAME CARTER, MICKEY
STREET ADDRESS 2020 HENSON AVE
CITY-ST-ZIP HAINES CITY FL

TITLE ☐ DELETE

NAME DONOHUE, LINDA
STREET ADDRESS 1719 DICKENS RD.
CITY-ST-ZIP LAKE WALES FL

TITLE ☐ DELETE

NAME BROWN, DAVID
STREET ADDRESS 2505 S WIGGINS RD.
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ DELETE

NAME FLETCHER, SIMON
STREET ADDRESS 1210 OLD POLK CITY RD
CITY-ST-ZIP LAKEWALD FL

TITLE ☐ 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

221 LAKE WILLOW WAY
HAINES CITY FL 33844

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/11/99

Date

Daytime Phone #

CR2E037 (1/198)