

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2001 08:00 AM****Secretary of State****DOCUMENT # N10385**1. Entity Name
NEWLIFE CHRISTIAN HOME, INC.Principal Place of Business
6707 SKOKIE ROAD
LAKE WALES FL 33853
Mailing Address
PO BOX 1842
DUNDEE FL 33838 US2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2567030
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**DONOHUE, TERRENCE, SR.
6707 SKOKIE RD
LAKE WALES FL 33853Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ 01/12/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS WALLACE A	
STREET ADDRESS	221 LAKE VILLIA WAY	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS JIM	
STREET ADDRESS	2805 NE PINE ISLAND RD	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DAVID	
STREET ADDRESS	2505 S WIGGINS RD.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DONOHUE, LINDA	
STREET ADDRESS	1719 DICKENS RD.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTER, MICKEY	
STREET ADDRESS	2020 HENSON AVE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DONOHUE, TERRY	
STREET ADDRESS	1719 DICKENS RD	
CITY-ST-ZIP	LAKE WALES FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY DONOHUE P 01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)