2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2004
Secretary of State

DOCUMENT# N10385

Entity Name: NEWLIFE CHRISTIAN HOME, INC.

Current Principal Place of Business:

2100 CANAL RD
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

PO BOX 1842
DUNDEE, FL 33838 US

New Mailing Address:

FEI Number: 59-2567030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONOHUE, TERRENCE, SR.
6707 SKOKIE RD
LAKE WALES, FL 33853

Name and Address of New Registered Agent:

DONOHUE, TERRENCE, SR.
PO BOX 1842
DUNDEE, FL 33838

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: _____ 07/17/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DONOHUE, TERRY,	
Address:	2100 CANAL RD	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	V	( ) Delete
Name:	CARTER, MICKEY,	
Address:	2020 HENSON AVE	
City-St-Zip:	HAINES CITY, FL	
Title:	ST	( ) Delete
Name:	DONOHUE, LINDA,	
Address:	2100 CANAL RD	
City-St-Zip:	LAKE WALES, FL 33898	
Title:	D	( ) Delete
Name:	BROWN, DAVID,	
Address:	2505 S WIGGINS RD.	
City-St-Zip:	PLANT CITY, FL	
Title:	D	( ) Delete
Name:	ELLIS, JIM	
Address:	2805 NE PINE ISLAND RD	
City-St-Zip:	CAPE CORAL, FL 33909	
Title:	D	( ) Delete
Name:	ROBERTS, WALLACE A	
Address:	221 LAKE VILLIA WAY	
City-St-Zip:	HAINIES CITY, FL 33844	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRENCE DONOHUE, SR P 07/17/2004
Electronic Signature of Signing Officer or Director — Date