

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

01-20-2006 90036 050 ****61.25

DOCUMENT # N10385

1. Entity Name
NEWLIFE CHRISTIAN HOME, INC.



Principal Place of Business
**2100 CANAL RD
LAKE WALES, FL 33898**

Mailing Address
**PO BOX 1842
DUNDEE, FL 33838 US**

DO NOT WRITE IN THIS SPACE

01112008 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2567030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DONOHUE, TERRENCE, SR.
PO BOX 1842
DUNDEE, FL 33838**
*2100 CANAL ROAD
LAKE WALES, FL 33898*

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reactivating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DONOHUE, TERRY
2100 CANAL RD
LAKE WALES, FL 33898**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DONOHUE, LINDA
2100 CANAL RD
LAKE WALES, FL 33898**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELLIS, JIM
2805 NE PINE ISLAND RD
CAPE CORAL, FL 33909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, WALLACE A
221 LAKE VILLIA WAY
HAINES CITY, FL 33844**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Pres.*

1-11-06

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT

6600/853

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2006

NEWLIFE CHRISTIAN HOME, INC.
PO BOX 1842
DUNDEE, FL 33838 US

Subject: NEWLIFE CHRISTIAN HOME, INC.

Reference Number: N10385

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION