

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

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**



02232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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.
2100 CANAL RD
LAKE WALES, FL 33898**

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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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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03/09/07-80007-010 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

863 439-2307

Daytime Phone #