

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90213 029 ****61.25

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
US**

2. Principal Place of Business

Suite, Apt. #, etc.
2100 CANAL RD

City & State
LAKE WALES, FL

Zip
33898 Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



☒ CHECK HERE IF MAKING CHANGES

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.
6707 SKOKIE RD
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

Name

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. 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

1/13/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DONOHUE, TERRY**
STREET ADDRESS **1719 DICKENS RD**
CITY-ST-ZIP **LAKE WALES FL**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **2100 CANAL RD**
STREET ADDRESS **LAKE WALES FL 33898**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **2100 CANAL RD**
STREET ADDRESS **LAKE WALES, FL 33898**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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

Date **1/13/03**

Daytime Phone # **863-439-2223**

CR2E037 (10/02)