# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 05, 2009**
**Secretary of State**

DOCUMENT# N30846

**Entity Name:** NEW LIFE RECOVERY PROJECT, INC.

**Current Principal Place of Business:**

413 FIFTH AVE
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 171
DAYTONA BEACH, FL 32115

**New Mailing Address:**

**FEI Number: 59-2941032** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

BELOFF, JAMES
413 FIFTH AVENUE
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: LEGODAIS, GENE
Address: 2900 S PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VTD ( ) Delete
Name: LEGODIAS, JULIE
Address: 2900 S PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: SD ( ) Delete
Name: WHITON, CHAD
Address: 308 LOOMIS AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete
Name: WHITON, CHRIS
Address: 629 S RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD ( ) Delete
Name: LEGODAIS, DEBORAH J.
Address: 88 ROYAL PALM CIRCLE
City-St-Zip: PORT ORANGE, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GENE LEGODAIS PD 05/05/2009

Electronic Signature of Signing Officer or Director — Date