

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30846

FILED
Apr 12, 2012
Secretary of State

Entity Name: NEW LIFE RECOVERY PROJECT, INC.

Current Principal Place of Business:

255 BURLEIGH AVE.
HOLLY HILL, FL., FL 32117

New Principal Place of Business:

Current Mailing Address:

255 BURLEIGH AVE.
HOLLY HILL, FL., FL 32117

New Mailing Address:

FEI Number: 59-2941032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COON, RICHARD
112 DOUGLAS DR.
HOLLY HILL, FL 32117 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
Name: LEGODAIS, GENE
Address: 2900 S PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

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

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

Title: TD
Name: WHITON, CHRIS
Address: 629 S RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby 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 all other like empowered.

SIGNATURE: GENE LEGODAIS

PD

04/12/2012

Electronic Signature of Signing Officer or Director

Date