SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 10:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N40689** **(4)**

1. Corporation Name

NEWLIFE ADDICTIONS PROGRAM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1894 SOUTH 14 STREET SUITE 13 FERNANDINA BEACH FL 32034 US	POST OFFICE BOX 1350 FERNANDINA BEACH FL 32035-1350 US

3. Date Incorporated or Qualified: 11/01/1990
3a. Date of Last Report: 08/19/1994
4. FEI Number: 59-3041351 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1012 South 14th. Street	26
Suite, Apt. #, etc. 22 Eight-Flags Shopping Center	Suite, Apt. #, etc. 27
City & State 23 Fernandina Beach, Florida	City & State 28
Zip / County 24 32034 / 25 NASSAU	Zip / County 29 / 30

5. Certificate of Status Desired: XX — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: XX — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCPHILAMY, WILLIAM P. 1874 SOUTH 14TH STREET SUITE 3 FERNANDINA BEACH FL 32034	81 Name: Dr. William P. McPhilamy 82 Street Address (P.O. Box Number is Not Acceptable): 1012 South 14th. Street - Eight-Flags Shopping Center 83: Fernandina Beach, 84 City: Fernandina Beach, FL 85 Zip Code: 32034

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Dr. William P. McPhilamy — July 31, 1995
Signature, typed or printed name of registered agent and title if agent is a corporation (DATE) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DED	11 TITLE (DED)	Executive Director-Chairman/Board ☒ Change ☐ Addition
NAME	MCPHILAMY, WILLIAM P.	12 NAME	Dr. William P. McPhilamy
STREET ADDRESS	1894 SOUTH 14TH STREET, SUITE 3	13 STREET ADDRESS	1012 South 14th. Street
CITY-ST-ZIP	FERNANDINA BEACH FL	14 CITY-ST-ZIP	Fernandina Beach, FL -32034
TITLE	OD	21 TITLE	☐ Change ☐ Addition
NAME	HARMON, ROXANNE A.	22 NAME	
STREET ADDRESS	2009 PARADISE COURT, NE	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	24 CITY-ST-ZIP	
TITLE	OD	31 TITLE	☐ Change ☐ Addition
NAME	MCPHILAMY, BERTHA E.	32 NAME	
STREET ADDRESS	210 SPRING DR	33 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	34 CITY-ST-ZIP	
TITLE	OD	41 TITLE	☐ Change ☐ Addition
NAME	RIVERA-KOLD, KENNETH	42 NAME	
STREET ADDRESS	176 S. ATLANTIC AVE	43 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: 7/31/95 - (904)261-9355
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DESIGNEE — Date — Daytime Phone #

Dr. William P. McPhilamy, Executive Director & Chairman Of Board Of Directors

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