

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 30, 1996 08:00 AM
Secretary of State

DOCUMENT # N40689 (4)

1. Corporation Name

NEWLIFE ADDICTIONS PROGRAM, INC.

Principal Place of Business

Mailing Address

1012 S 14TH ST
SUITE 13
FERNANDINA BEACH FL 32034
US

POST OFFICE BOX 1350
FERNANDINA BEACH FL 32035-1350
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 8843 San Jose Boulevard		26 Suite, Apt. #, etc.		11/01/1990		08/07/1995	
22 San Jose Center-Suite #2		27 City & State		4. FEI Number		Applied For	
23 Jacksonville, FL-32217		28 City & State		59-3041351		Not Applicable	
24 32217		25 USA		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing		Trust Fund Contribution	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes X No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCPHILAMY, WILLIAM P
1012 S 14TH ST
SUITE 3
FERNANDINA BEACH FL 32034

81 Name	William P. McPhilamy
82 Street Address (P.O. Box Number is Not Acceptable)	8843 San Jose Boulevard
83	San Jose Center - Suite #2
84 City	Jacksonville, FL
85 Zip Code	32217

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 617.1503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EDCB	1.1 TITLE	
NAME	MCPHILAMY, WILLIAM P	1.2 NAME	
STREET ADDRESS	1012 S 14TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	OD	2.1 TITLE	
NAME	HARMON, ROXANNE A.	2.2 NAME	
STREET ADDRESS	2009 PARADISE COURT, NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	OD	3.1 TITLE	
NAME	MCPHILAMY, BERTHA E.	3.2 NAME	
STREET ADDRESS	210 SPRING DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	OD	4.1 TITLE	
NAME	RIVERA-KOLD, KENNETH	4.2 NAME	
STREET ADDRESS	176 S. ATLANTIC AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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:

Signature, typed or printed name of signing officer or director

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

Date

Daytime Phone #

7/25/96-(904)334-5777

CR2E037 (3/96)