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FILED

Feb 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **N40689**

(4)

1. Corporation Name

**NEWLIFE ADDICTIONS PROGRAM, INC.**

Principal Place of Business

**8843 SAN JOSE BLVD  
SAN JOSE CENTER SUITE 2  
JACKSONVILLE FL 32217  
US**

Mailing Address

**8843 SAN JOSE BLVD.  
SAN JOSE CENTER SUITE 2  
JACKSONVILLE FL 32217  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

**29** **30**

3. Date Incorporated or Qualified

**11/01/1990**

4. FEI Number

**59-3041351**

Applied For

Not Applicable

5. Certificate of Status Desired

**XXX**

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MCPHILAMY, WILLIAM P  
8843 SAN JOSE BLVD  
SAN JOSE CENTER #2  
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

(Signature of person who printed name of registered agent and place applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **EDCB** ☐ DELETE

NAME **MCPHILAMY, WILLIAM P**

STREET ADDRESS **1012 S 14TH ST**

CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE **OD** ☐ DELETE

NAME **HARMON, ROXANNE A.**

STREET ADDRESS **2009 PARADISE COURT, NE**

CITY-ST-ZIP **PALM BAY FL**

TITLE **OD** ☐ DELETE

NAME **RIVERA-KOLD, KENNETH**

STREET ADDRESS **176 S. ATLANTIC AVE.**

CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **EDCB** ☒ Change ☐ Addition

1.2 NAME **McPhilamy, William P.**

1.3 STREET ADDRESS **8843 San Jose Blvd, #2**

1.4 CITY-ST-ZIP **Jacksonville, FL - 32217-4244**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 as an attachment with the address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/98

(904) 733-4577

CR2E037 (10/97)