

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90091 033 ****70.00

DOCUMENT # N40689

1. Entity Name

NEWLIFE ADDICTIONS PROGRAM, INC.



Principal Place of Business

9471 BAYMEADOWS ROAD, STE 402
JACKSONVILLE FL 32256
US

Mailing Address

9471 BAYMEADOWS ROAD, STE 402
JACKSONVILLE FL 32256
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3041351

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

William P. McPhilamy

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

9471 Baymeadows Road - Suite #402

Jacksonville, FL - 32256-7937

City

Jacksonville,

FL

Zip Code
32256-7937

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

William P. McPhilamy - Executive Director March 12, 2004

- Chairman Of Board

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	EDCB	<input checked="" type="checkbox"/> Delete
NAME	MCPHILAMY, WILLIAM P	
STREET ADDRESS	8843 SAN JOSE BLVD, #2	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

TITLE	OD	<input checked="" type="checkbox"/> Delete
NAME	HARMON, ROXANNE A.	
STREET ADDRESS	2009 PARADISE COURT, NE	
CITY-ST-ZIP	PALM BAY FL	

TITLE	OD	<input type="checkbox"/> Delete
NAME	RIVERA-KOLD, KENNETH	
STREET ADDRESS	176 S. ATLANTIC AVE.	
CITY-ST-ZIP	COCOA BEACH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EDCB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McPhilamy, William P.	
STREET ADDRESS	9471 Baymeadows Road, Suite #402	
CITY-ST-ZIP	Jacksonville, FL - 32256-7937	

TITLE	OD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harmon, Roxanne A.	
STREET ADDRESS	8025 Baymeadows Circle-East-#1806	
CITY-ST-ZIP	Jacksonville, FL - 32256	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roxanne A. Harmon

Vice-Pres&Sec'y.

March 12, 2004-(904)733-4577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #