2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N40689

1. Entity Name

NEWLIFE ADDICTIONS PROGRAM, INC.

Principal Place of Business	Mailing Address
9471 BAYMEADOWS ROAD, STE 402 JACKSONVILLE FL 32256 US	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

1st MOORE CR2E037 (10/04)

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 9471 BAYMEADOWS RD. STE. 402 JACKSONVILLE FL 32256-7937	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	EDCB ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCPHILAMY, WILLIAM P	NAME	U00000366958
STREET ADDRESS	9471 BAYMEADOWS RD., STE. 402	STREET ADDRESS	05/16/05-80014-007 70.00
CITY-ST-ZIP	JACKSONVILLE FL 32256-7937	CITY-ST-ZIP	
TITLE	OD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARMON, ROXANNE A.	NAME	
STREET ADDRESS	8025 BAYMEADOWS CIRCLE EAST, #1806	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	
TITLE	OD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIVERA-KOLD, KENNETH	NAME	
STREET ADDRESS	176 S. ATLANTIC AVE.	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Wm. P. McPhilamy- Executive Director — May 11, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #