

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N40689

1. Entity Name

NEWLIFE ADDICTIONS PROGRAM, INC.



FILED
Jan 26, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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, 2007

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
NAME
STREET ADDRESS
CITY- ST- ZIP
EDCB
MCPHILAMY, WILLIAM P
9471 BAYMEADOWS RD., STE. 402
JACKSONVILLE FL 32256-7937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U00000605569
01/30/07-80041-010 70.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
OD
HARMON, ROXANNE A.
8025 BAYMEADOWS CIRCLE EAST, #1806
JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
OD
RIVERA-KOLD, KENNETH
176 S. ATLANTIC AVE.
COCOA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

(904)733-4577

SIGNATURE: *William P. McPhilamy* William P. McPhilamy-President-1/23/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR