

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40689

FILED
Feb 27, 2009
Secretary of State

Entity Name: NEWLIFE ADDICTIONS PROGRAM, INC.

Current Principal Place of Business:

9471 BAYMEADOWS ROAD, STE 402
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

9471 BAYMEADOWS ROAD, STE 402
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3041351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCPHILAMY, WILLIAM P
9471 BAYMEADOWS RD.
STE. 402
JACKSONVILLE, FL 322567937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EDCB () Delete
Name: MCPHILAMY, WILLIAM P
Address: 9471 BAYMEADOWS RD., STE. 402
City-St-Zip: JACKSONVILLE, FL 322567937

Title: OD () Delete
Name: HARMON, ROXANNE A.
Address: 8025 BAYMEADOWS CIRCLE EAST, #1806
City-St-Zip: JACKSONVILLE, FL 32256

Title: OD () Delete
Name: RIVERA-KOLD, KENNETH
Address: 176 S. ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P MCPHILAMY

EDCB

02/27/2009

Electronic Signature of Signing Officer or Director

Date