

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40689

FILED
Jul 06, 2011
Secretary of State

Entity Name: NEWLIFE ADDICTIONS PROGRAM, INC.

Current Principal Place of Business:

4491 BARNABY DR
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

2650 MOSELEY ROAD
ORANGE PARK, FL 32065 US

Current Mailing Address:

P.O. BOX 23625
JACKSONVILLE, FL 32241 US

New Mailing Address:

P.O. BOX 65321
ORANGE PARK, FL 32065 US

FEI Number: 59-3041351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

MCPHILAMY, WILLIAM P
2650 MOSELEY ROAD
ORANGE PARK, FL 32065 US

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: WILLIAM P MCPHILMAY

07/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EDCB
Name: MCPHILAMY, WILLIAM P
Address: P.O. BOX 65321
City-St-Zip: ORANGE PARK, FL 32065

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM P MCPHILMAY

PRES

07/06/2011

Electronic Signature of Signing Officer or Director

Date