


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90034 043 *****70.00

DOCUMENT # N03000004631	
1. Entity Name NEW LIFE HOUSE OF PRAYER MINISTRIES INC.	

Principal Place of Business 3180 US HWY 17 SOUTH BARTOW FL 33830	Mailing Address 3180 US HWY 17 SOUTH BARTOW FL 33830
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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 (10/05)	
4. FEI Number 06-1714943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUKE, CHARLES W SR. 3180 US HWY 17 SOUTH BARTOW FL 33830	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	LUKE, MECHELLE
STREET ADDRESS	3180 US HWY 17 SOUTH
CITY-ST-ZIP	BARTOW FL 33830
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	PAYNE, LESLIE M
STREET ADDRESS	212 AVE. D
CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	SD <input type="checkbox"/> Delete
NAME	PAYNE, DEBORAH G
STREET ADDRESS	715 CRYSTAL BEACH RD.
CITY-ST-ZIP	EAGLE LAKE FL 33839
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary C. Hunt
STREET ADDRESS	135 Pine Island DR.
CITY-ST-ZIP	Winter Haven, FL. 33881
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 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.

SIGNATURE: *Mechelle Luke* Mechelle Luke 2/22/06 (863) 533-6787