FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 28 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000004799 (3)

1. Corporation Name

NEW LIFE PRAISE MINISTRIES, INC.

Principal Place of Business	Mailing Address
113 N WEKIWA RD APOPKA FL	113 N WEKIWA RD APOPKA FL

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 03/03/1994
4. FEI Number: ~~APPLIED FOR~~ 59-3231696 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — ~~**$68.75** Supplemental Fee Not Required~~
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RENFROE, MICHAEL H 113 N WEKIWA RD APOPKA FL	81 Name: Troy Scott Lee 82 Street Address (P.O. Box Number is Not Acceptable): 1307 Bobcat Court 83 Apopka, Fla. 84 City: Apopka FL 85 Zip Code: 32712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Troy Scott Lee President — 3-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	PD — ☒ Change ☐ Addition
NAME	RENFROE, MICHAEL H	1 2 NAME	Troy Scott Lee
STREET ADDRESS	237 PENNSYLVANIA AVE	1 3 STREET ADDRESS	1307 Bobcat Court
CITY-ST-ZIP	WINTER GARDEN FL 34787	1 4 CITY-ST-ZIP	Apopka, Fla. 32712
TITLE	STD	2 1 TITLE	☐ Change ☐ Addition
NAME	LEE, WILBUR	2 2 NAME	
STREET ADDRESS	1416 PAULA AVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	D — ☒ Change ☐ Addition
NAME	LEE, SCOT	3 2 NAME	Horn, David
STREET ADDRESS	1307 BOBCAT COURT	3 3 STREET ADDRESS	6710 Rubens Court
CITY-ST-ZIP	APOPKA FL 32712	3 4 CITY-ST-ZIP	Orlando, Fla. 32818
TITLE		4 1 TITLE	D — ☐ Change ☒ Addition
NAME		4 2 NAME	Vinson O. Powell
STREET ADDRESS		4 3 STREET ADDRESS	2908 JoyAnn St.
CITY-ST-ZIP		4 4 CITY-ST-ZIP	Orlando, Fla. 32810
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	3/28/95 MB
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wilbur L. Lee — 3-13-95 (407)889-4347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Wilbur L. Lee STD

0076048