

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004799

1. Entity Name

NEW LIFE PRAISE MINISTRIES, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90182 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

113 N WEKIWA RD  
APOPKA FL

113 N WEKIWA RD  
APOPKA FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3231696

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

LEE, TROY S  
1307 BOBCAT COURT  
APOPKA FL 32712

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.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME LEE, TROY S  
STREET ADDRESS 1307 BOBCAT COURT  
CITY-ST-ZIP APOPKA FL 32712

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

TITLE STD ☐ Delete  
NAME LEE, WILBUR  
STREET ADDRESS 1416 PAULA AVE  
CITY-ST-ZIP APOPKA FL 32703

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

TITLE D ☐ Delete  
NAME HORN, DAVID  
STREET ADDRESS 6710 RUBENS COURT  
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE D ☐ Delete  
NAME CHANLEY, WILLIAM M  
STREET ADDRESS 5423 BLUE GRASS ST  
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: WILLIAM M CHANLEY Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

407-889-4347

Daytime Phone #