## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004799

Entity Name: NEW LIFE PRAISE MINISTRIES, INC.

FILED Apr 22, 2005 Secretary of State

| Current Principal Place of Business:   |  |                                | New Prin                                    | New Principal Place of Business:   |  |  |
|--|--|--------------------------------|---|--|--|--|
| 113 N WEKIWA RD APOPKA, FL  Current Mailing Address:  113 N WEKIWA RD APOPKA, FL  FEI Number: 59-3231696 FEI Number Applied For ( ) FE |  |                                |   | 113 N WEKIWA SPRINGS RD<br>APOPKA, FL 32703  New Mailing Address:  113 N WEKIWA SPRINGS RD<br>APOPKA, FL 32703 |  |  |
|  |  |                                | New Mail                                    |  |  |  |
|  |  |                                |   |  |  |  |
|  |  |                                | FEI Number Not App                          | El Number Not Applicable ( ) Certificate of Status Desired ( )   |  |  |
| Name and   | l Address of                                       | Current Registered Agent:      | Name and                                    | d Address of New Registered Agent:   |  |  |
| APOPKA,  | CAT COURT<br>FL 32712                              | US                             |   |  |  |  |
|  | e named entity<br>e of Florida.                    | submits this statement for the | purpose or changing                         | its registered office or registered agent, or both,  |  |  |
| SIGNATUR   | RE:  |                                |   |  |  |  |
| Electronic Signature of Registered Agent   |  |                                | ent   | Date   |  |  |
| OFFICERS   | S AND DIREC  | CTORS:                         | ADDITIO                                     | NS/CHANGES TO OFFICERS AND DIRECTOR  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | PD (<br>LEE, TROY S<br>1307 BOBCAT<br>APOPKA, FL   |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | STD (<br>LEE, WILBUR<br>1416 PAULA [<br>APOPKA, FL |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D (<br>HORN, DAVID<br>25108 ENSLE<br>SORRENTO, F   |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D (<br>RICH, WILLIA<br>4135 GREEN<br>ORLANDO, FL   | FERN DR                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D (<br>WOLF, TIM<br>143 N. ATLAS<br>APOPKA, FL     |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | D (X) Change () Addition<br>WINDSOR, DAVID<br>1406 VANTAGE DR<br>ORLANDO, FL 32806                             |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | (  | ) Delete                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | D ( ) Change (X) Addition<br>MORA, NOEL<br>410 W. WEKIVA TR.<br>LONGWOOD, FL 32779                             |  |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID HORN D 04/22/2005