2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# N93000004799

Entity Name: NEW LIFE PRAISE MINISTRIES, INC.

Current Principal Place of Business:

113 N WEKIWA SPRINGS RD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

113 N WEKIWA SPRINGS RD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3231696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, TROY S
1416 PAULA DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LEE, TROY S	
Address:	1416 PAULA DR.	
City-St-Zip:	APOPKA, FL 32703	
Title:	STD	( ) Delete
Name:	LEE, WILBUR	
Address:	24230 RANCH RD.	
City-St-Zip:	ASTATULA, FL 34705	
Title:	D	( ) Delete
Name:	HORN, DAVID	
Address:	25108 ENSLEY RD.	
City-St-Zip:	SORRENTO, FL	
Title:	D	( ) Delete
Name:	RICH, WILLIAM J	
Address:	4135 GREEN FERN DR	
City-St-Zip:	ORLANDO, FL 32810	
Title:	D	( ) Delete
Name:	WINDSOR, DAVID	
Address:	1406 VANTAGE DR	
City-St-Zip:	ORLANDO, FL 32806	
Title:	D	( ) Delete
Name:	MORA, NOEL	
Address:	410 W. WEKIVA TR.	
City-St-Zip:	LONGWOOD, FL 32779	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GREGSON, RANDY	
Address:	856 TIMBERLAND TR.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TROY S. LEE PD 01/03/2008

Electronic Signature of Signing Officer or Director — Date