

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004799

FILED  
Apr 18, 2009  
Secretary of State

**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: GREGSON, RANDY  
Address: 856 TIMBERLAND TR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

PRES

04/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date