

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004799

Entity Name: NEW LIFE PRAISE MINISTRIES, INC.**Current Principal Place of Business:**113 N WEKIWA SPRINGS RD
APOPKA, FL 32703**Current Mailing Address:**113 N WEKIWA SPRINGS RD
APOPKA, FL 32703**FEI Number:** 59-3231696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, TROY S
1416 PAULA DR.
APOPKA, FL 32703 US*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**Officer/Director Detail :**

Title	PD
Name	LEE, TROY S
Address	1416 PAULA DR.
City-State-Zip:	APOPKA FL 32703

Title	D
Name	HORN, JIMMY D.
Address	1417 KEENE RD.
City-State-Zip:	APOPKA FL 32703

Title	D
Name	HAULBROOK, JASON S.
Address	950 DEKLEVA DR.
City-State-Zip:	APOPKA FL 32712

Title	D
Name	CIANCAGLINI, ADAM F.
Address	352 STERLING ROSE CT.
City-State-Zip:	APOPKA FL 32703

Title	D
Name	DUNN, JONATHAN
Address	15105 LEOPARD CT.
City-State-Zip:	APOPKA FL 32712

I hereby 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 all other like empowered.

SIGNATURE: TROY S. LEE

PD

03/17/2018

Electronic Signature of Signing Officer/Director Detail_____
Date