

2014 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	STD
Name	LEE, WILBUR
Address	24230 RANCH RD.
City-State-Zip:	ASTATULA FL 34705

Title	D
Name	LEE, BRENT
Address	1441ROSE TERRACE.
City-State-Zip:	APOPKA FL 32703

Title	D
Name	RICH, WILLIAM J
Address	4135 GREEN FERN DR
City-State-Zip:	ORLANDO FL 32810

Title	D
Name	WINDSOR, DAVID
Address	1406 VANTAGE DR
City-State-Zip:	ORLANDO FL 32806

Title	D
Name	RICH, JOHN
Address	4135 GREEN FERN DR.
City-State-Zip:	ORLANDO FL 32810

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 SCOTT LEE**PRESIDENT****01/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date