

**2023 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, DAVID TROY  
11 BURGUST STREET  
APOPKA, FL 32712 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:** DAVID TROY LEE

02/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title OFFICER  
Name HAULBROOK, JASON S.  
Address 367 LOOKOUT LANE  
City-State-Zip: APOPKA FL 32712

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

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

Title PRESIDENT, PASTOR  
Name LEE, DAVID TROY  
Address 11 BURGUST STREET  
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:** DAVID TROY LEE

PRESIDENT

02/22/2023

Electronic Signature of Signing Officer/Director Detail

Date