


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # N00000003947**

1. Entity Name  
**ALL NATIONS PRAYER & HEALING MINISTRIES, INC.**



Principal Place of Business 7976 - 96TH AVENUE VERO BEACH, FL 32967	Mailing Address 7976 - 96TH AVENUE VERO BEACH, FL 32967
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1017655</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BALKWILL, ELAINE**  
 7976 96TH AVENUE  
 VERO BEACH, FL 32967

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BALKWILL, ELAINE 7976 - 96TH AVENUE VERO BEACH, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERG, CARY 419 BISCAYNE LANE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRISON, NADINE 1731 MISTLETOE ST SEBASTIAN, FL 32958
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 01/17/07-80075-023 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Elaine Baskwill ELAINE BALKWILL 1/11/07 772-571-7325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #