


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 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
---	---

DO NOT WRITE IN THIS SPACE



02032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1017655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000826716
 02/21/08-80060-021 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 Balkwill ELAINE BALKWILL, PSD. 2/8/08 772/571-7325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #