


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N030Q0001732
1. Entity Name
ALL NATION PRAISE WORSHIP MINISTRIES, INC.



Principal Place of Business: **108 N MADISON ST QUINCY FL 32351**
Mailing Address: **108 N MADISON ST QUINCY FL 32351**



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country
3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
**FRAZIER, DOROTHY A
208 N 10 ST
QUINCY FL 32351**

4. FEI Number: **65-1182117**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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 resigning) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZIER, DOROTHY A	
STREET ADDRESS	208 N 10 ST	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAY, THAWANDA S	
STREET ADDRESS	GOLDEN LEAF APT #15	
CITY-ST-ZIP	QUINCY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRAZIER, JAMES	
STREET ADDRESS	500 S ATLANTA ST	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000521010
05/02/06-80116-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dorothy A. Frazier 4-17-06 (850) 975-2972