

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/10/04 01052 001 *61.25

N03000001732


DOCUMENT # N03000001732
 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.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

FILED
 04 AUG 11 AM 10:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04) *MRB*

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

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

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

8. The above named entity submits this statement to the obligations of registered agent.
 SIGNATURE: _____
Signature, typed or printed name of registered agent

Check has already been paid, months ago

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

10. OFFICERS AND DIRECTORS

TITLE: D	FRAZIER, DOROTHY A	208 N 10 ST	QUINCY FL 32351
TITLE: SD	RAY, THAWANDA S	GOLDEN LEAF APT #15	QUINCY FL
TITLE: TD	FRAZIER, JAMES	500 S ATLANTA ST	QUINCY FL
TITLE: _____	_____	_____	_____
TITLE: _____	_____	_____	_____
TITLE: _____	_____	_____	_____
TITLE: _____	_____	_____	_____

Be is: **Make Check Payable to Florida Department of State**

CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *7-13-04* Daytime Phone #: *850) 875-2872*