

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**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
---	---

**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1182117	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

FRAZIER, DOROTHY A  
 208 N 10 ST  
 QUINCY, FL 32351

**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

U00000902029  
 04/29/08-80090-016 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, DOROTHY A 208 N 10 ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAY, THAWANDA S GOLDEN LEAF APT #15 QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAZIER, JAMES 500 S ATLANTA ST QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Dorothy A. Frazier 4-15-08/450/475-2872

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