

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


**FILED**

09 APR 16 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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
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04042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1182117	Applied For Not Applicable
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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

**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, 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	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	

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04/16/09--01048--017 \*\*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: Dorothy A. Frazier 4-8-09 850-875-2872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #