

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90228 026 ****61.25

DOCUMENT # N00000003947

1. Entity Name
ALL NATIONS PRAYER & HEALING MINISTRIES, INC.



Principal Place of Business
7976 - 96TH AVENUE
VERO BEACH, FL 32958

Mailing Address
7976 - 96TH AVENUE
VERO BEACH, FL 32958

60001725



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-1017655

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALKWILL, ELAINE
7976 96TH AVENUE
VERO BEACH, FL 32967

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSD
NAME BALKWILL, ELAINE ☐ Delete
STREET ADDRESS 7976 - 96TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32958

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LYLE, MIKE ☒ Delete
STREET ADDRESS 8075-95TH CT.
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE VICE PRESIDENT
NAME CARY BERG ☒ Change ☐ Addition
STREET ADDRESS 419 BISCAYNE LANE
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE TD
NAME HARRISON, NADINE ☐ Delete
STREET ADDRESS 1731 MISTLETOE ST
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 01/11/06 772-388-0206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #