

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000003947

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



Principal Place of Business
**7976 - 96TH AVENUE
VERO BEACH, FL 32967**

Mailing Address
**7976 - 96TH AVENUE
VERO BEACH, FL 32967**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1017655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____
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, 2007**

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

10. OFFICERS AND DIRECTORS

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

TITLE	VP
NAME	BERG, CARY
STREET ADDRESS	419 BISCAYNE LANE
CITY-ST-ZIP	SEBASTIAN, FL 32958

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

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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01/17/07-80075-023 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: Elaine Balcwill ELAINE BALKWILL 1/11/07 772-571-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #