

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-11-2001 90453 023 ****61.25

DOCUMENT # N00000003987

1. Entity Name

PRAISE OF ALL NATIONS MINISTRIES, INC.

Principal Place of Business

Mailing Address

8121 PUFFIN DRIVE
 ORLANDO FL 32825

8121 PUFFIN DRIVE
 ORLANDO FL 32825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CHAMBERS, KATHERINE
8121 PUFFIN DRIVE
ORLANDO FL 32825

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	BRIAN MANSKE	
STREET ADDRESS	701 S. PARKS	D
CITY-ST-ZIP	DESO TO, TX 75115	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	CAROLINE MANSKE	
STREET ADDRESS	701 S. PARKS	D
CITY-ST-ZIP	DESO TO, TX 75115	
TITLE	TRUSTEE/DIRECTOR	<input type="checkbox"/> Delete
NAME	CORRINE ENNEY	
STREET ADDRESS	114 BAILEY	D
CITY-ST-ZIP	DESO TO TX 75115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DESO TO, TX 75115 **DESO TO, TX 75115** **DESO TO, TX 75115** **04-15-01** **408-643-6400**

CR25037 (10/00)