

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000360 1. Entity Name ANOINTED TABERNACLE OF PRAISE MINISTRIES, INC.		 <div style="text-align: right; font-size: 1.2em; font-weight: bold;">FILED</div> <div style="text-align: right; font-size: 0.8em;">08 APR 14 PM 4:00</div> <div style="text-align: right; font-size: 0.7em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 3839 N. MONROE STREET SUITE 7 & 8 TALLAHASSEE, FL 32303		Mailing Address 3839 N. MONROE STREET SUITE 7 & 8 TALLAHASSEE, FL 32303	
2. Principal Place of Business - No P.O. Box # 2312 Apalachee Pkwy Ste 7		3. Mailing Address PO Box 1D361	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32301		Zip 32302	
4. FEI Number 02-0533444		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATHER, ANTHONY 1201 ELBERTA DR TALLAHASSEE, FL 32304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D PRATHER, ANTHONY 3600 APALACHEE PKWY, PMB 147 TALLAHASSEE, FL 32311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Prather Anthony SR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 1104 Tallahassee, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATHER, CHRISTENE 3630 APALACHEE PKWY, PMB 147 TALLAHASSEE, FL 32311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Prather Christene <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 1154 Tallahassee FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRYMAN, LATARSHA 4357 BENCHMARK PLACE TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSON M. RITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 N. MERIDIAN RD APT 195 TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	