2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02432

1. Entity Name
PRAISE 95, INC.

Principal Place of Business	Mailing Address
2070 N PALA FOX PENSACOLA, FL 32501	2070 N PALA FOX PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

03162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2433244
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLINTER, MICHAEL B
2070 N. PAIA FOX
PENSACOLA, FL 32501

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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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLINTER, MICHAEL B
STREET ADDRESS	2212 INVERNESS DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	SVPD
NAME	GLINTER, DARA L
STREET ADDRESS	2212 INVERNESS DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	FRANKLIN, JOHN
STREET ADDRESS	2101 SARDIS RD N.#220
CITY-ST-ZIP	CHARLOTTE, NC 28227
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000119110
04/19/04-80087-020 61.25

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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: Dara L Glinter DARA L GLINTER 4/15/04 850-434-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #