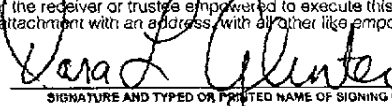


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N02432		
1. Entity Name PRAISE 95, INC.		
Principal Place of Business 2070 N PALA FOX PENSACOLA, FL 32501	Mailing Address 2070 N PALA FOX PENSACOLA, FL 32501	 02232006 No Chg-NP CR2E037 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-2433244		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent		
GLINTER, MICHAEL B 2070 N. PALA FOX PENSACOLA, FL 32501		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 time if applicable. (NOTE: Registered Agent signature required when renewing) 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLINTER, MICHAEL B 2212 INVERNESS DR. PENSACOLA, FL 32503	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD GLINTER, DARA L 2212 INVERNESS DR. PENSACOLA, FL 32503	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANKLIN, JOHN 2101 SARDIS RD N.#220 CHARLOTTE, NC 28227	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000475356 04/05/06-80012-009 61.25 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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:  DARA L GLINTER 3/17/06 850-434-1230 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if		