


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02432</b> 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
---	---

DO NOT WRITE IN THIS SPACE



02282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2433244	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  GLINTER, MICHAEL B 2070 N. PAIA 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000670168 03/27/07-80101-018 61 25
---	---	--

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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.

<b>SIGNATURE:</b> <i>Dara L Glinter</i>	3/13/07	850-434-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone If