

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/10/04 01052 001 *61.25

N03000001732

FILED

04 AUG 11 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04)

MRB

DOCUMENT # N03000001732

1. Entity Name
ALL NATION PRAISE WORSHIP MINISTRIES, INC.



Principal Place of Business
**108 N MADISON ST
QUINCY FL 32351**

Mailing Address
**108 N MADISON ST
QUINCY FL 32351**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**FRAZIER, DOROTHY A
208 N 10 ST
QUINCY FL 32351**

4. FEI Number
65-1182117

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
FL Zip Code

8. The above named entity submits this statement to the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent

*Check has Already
Been Paid,
Months Ago*

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, DOROTHY A 208 N 10 ST QUINCY FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAY, THAWANDA S GOLDEN LEAF APT #15 QUINCY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAZIER, JAMES 500 S ATLANTA ST QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Dorothy A. Frazier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-04 850) 875-2872
Date Daytime Phone #