

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
09 APR 16 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number  
65-1182117

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, DOROTHY A  
208 N 10 ST  
QUINCY, FL 32351

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRAZIER, DOROTHY A
STREET ADDRESS	208 N 10 ST
CITY- ST- ZIP	QUINCY, FL 32351
TITLE	SD
NAME	RAY, THAWANDA S
STREET ADDRESS	GOLDEN LEAF APT #15
CITY- ST- ZIP	QUINCY, FL
TITLE	TD
NAME	FRAZIER, JAMES
STREET ADDRESS	500 S ATLANTA ST
CITY- ST- ZIP	QUINCY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

800150716758  
04/16/09--01048--017 \*\*61.25

**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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-09 850-875-2872