# 2002 UNIFORM BUSINESS REPORT (UBR)

5/14/2002-90349-021-$70.00-$70.00

DOCUMENT # N01000006444

1. Entity Name

WALKING BY FAITH MINISTRIES, INC.

FILED
02 MAY 28 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 2225 HOLTON ST.<br>TALLAHASSEE FL 32316 | PO BOX 21265<br>TALLAHASSEE FL 32316 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number ☑ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCCREA, GLORIA H
2225 HOLTON ST.
TALLAHASSEE FL 32316

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE Gloria H. McCrea

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MCCREA, GLORIA H<br>2225 HOLTON ST.<br>TALLAHASSEE FL 32316 | ☐ Delete | Trustee<br>Johnson, Mattie<br>322 Americana Street<br>Tallahassee, FL 32305 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MCCREA, LAURIE<br>2225 HOLTON ST.<br>TALLAHASSEE FL 32316 | ☐ Delete | Trustee<br>Matthews, Harold<br>1638 Hernando Drive<br>Tallahassee, FL 32310 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DURDEN, DEMETRIUS<br>7535-175 W. TENNESSEE ST.<br>TALLAHASSEE FL 32304 | ☐ Delete | Trustee<br>Jones, Lingphrie<br>2225 Holton Street, Apt. 6<br>Tallahassee, FL 32310 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DEVANE, KATHERINE<br>1655 OAK RIDGE RD.<br>TALLAHASSEE FL 32310 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Johnson, Mattie<br>322 Americana Street<br>Tallahassee, FL 32310 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** SIGNATURE REQUIRED Gloria H. McCrea Gloria H. McCrea 850-576-2716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #