

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 001 ****70.00

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1. Entity Name
WALKING BY FAITH MINISTRIES, INC.



Principal Place of Business
2225 HOLTON ST.
TALLAHASSEE, FL 32316

Mailing Address
PO BOX 21265
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

59-3682176

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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's 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MCCREA, GLORIA H
STREET ADDRESS 2225 HOLTON ST.
CITY-STATE-ZIP TALLAHASSEE, FL 32316

TITLE V ☐ Delete
NAME MCCREA, LAURIE
STREET ADDRESS 2225 HOLTON ST.
CITY-STATE-ZIP TALLAHASSEE, FL 32316

TITLE S ☒ Delete
NAME DURDEN, DEMETRIUS
STREET ADDRESS 7535-175 W. TENNESSEE ST.
CITY-STATE-ZIP TALLAHASSEE, FL 32304

TITLE T ☒ Delete
NAME DEVANE, KATHERINE
STREET ADDRESS 1655 OAK RIDGE RD.
CITY-STATE-ZIP TALLAHASSEE, FL 32310

TITLE T ☒ Delete
NAME JOHNSON, MATTIE
STREET ADDRESS 322 AMERICANA STREET
CITY-STATE-ZIP TALLAHASSEE, FL 32305

TITLE T ☐ Delete
NAME MATTHEWS, HAROLD
STREET ADDRESS 1638 HERNANDO DRIVE
CITY-STATE-ZIP TALLAHASSEE, FL 32310

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME 322 Americana St
STREET ADDRESS Tallahassee, Fla 32305
CITY-STATE-ZIP Mattie Johnson

TITLE ☒ Change ☐ Addition
NAME JOHNSON, Dorelene
STREET ADDRESS 322 Americana St
CITY-STATE-ZIP Tallahassee, FL 32305

TITLE ☒ Change ☐ Addition
NAME Howard, Rebecca
STREET ADDRESS 3014 Pasco St
CITY-STATE-ZIP Tallahassee, FL 32305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 any other like empowered.

SIGNATURE:

Mattie Johnson MATTIE JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-29-03 (850) 575-4430

CR2E037 (10/02)