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## 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

DOCUMENT # N0100006444  1. Entity Name WALKING BY FAITH MINISTRIES, INC.							03-01-2003 91	1009 001	70.00	
Principal Place of Business Mailing Address 2225 HOLTON ST. PO BOX 21265 TALLAHASSEE, FL 32316 TALLAHASSEE, FL 32316				6						
Principal Place of Business     3. Ma			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF N	MAKING CHANGES	}		
City & State		City & State			4. FEI Number	82176	— <del></del>	pplied For ot Applicable	]	
Zlp Country		Zip	Country		5. Certificate of S		\$8.75 Ad Fee Require			
Name and Address of Current Registered Agent						7. Name and Ad	dress of New Regis	stered Agent		1
MCCBEA CLODIA II					e				1	ļ
MCCREA, GLORIA H 2226 HOLTON ST. TALLAHASSEE, FL 32316			Stree	t Address (	P.O. Box Number is	Not Acceptable)			1	
								FL Zip Coo	de	
	named entit	y submits this statement for	the purpose of changing it	registered office	or register	red agent, or both, i	n the State of Florida		, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO	E: Registered Agentsi	ynature requires	Jwhen reinstaling)		CATE		ļ
(Marke) and word for each accordance (	memoriality account of the common	indiction and determinants of the formula to be interested by the contract of	SOURCE CONTRACTOR OF THE SOURCE CONTRACTOR OF				Political property for the section of the section of	Mandethial standy to him and a state of the standy	ง ระกับได้เพลาะเล่นเป็นสำนักระบบเล่น (1956) เก	
	FILE:NOW	: FEE IS \$61 25	Trust Fund	mpaign Financine Contribution.		\$5.00 May Be Added to Fees	Florida I	Check Payable Department of	State	
10.		FEE IS \$61.25	Trust Fund	Contribution.		Added to Fees		Department of	State	
10. 111LE	P	OFFICERS AND DIR	Trust Fund	11.		Added to Fees	Florida I	Department of	State	1/02}
10. TITLE NAME	P MCCREA,	OFFICERS AND DIR	Trust Fund	11, 1file		Added to Fees	Florida I	Department of	State	(10/02)
10, TITLE NAME STREET ADDRESS	P MCCREA, 2225 HOL	OFFICERS AND DIRECT OFFICERS AND DIRECT OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	Trust Fund	11. 10LE NAME STREET ADDRES		Added to Fees	Florida I	Department of	State	337 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZP	P MCCREA, 2225 HOL TALLAHA	OFFICERS AND DIR	Trust Fund ECTORS	11. THE NAME STREET ADDRES CHY-ST-ZIP		Added to Fees	Florida I	Department of AND DIRECTORS IN	State  4 10  Addition	ZE037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE	P MCCREA, 2225 HOL TALLAHA	OFFICERS AND DIRI GLORIA H TON ST. SSEE, FL 32316	Trust Fund	11. THE NAME STREET ADDRES CHY-ST-ZIP		Added to Fees	Florida I	Department of	State	CR2E037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	P MCCREA, 2225 HOL TALLAHA V MCCREA,	OFFICERS AND DIRI GLORIA H TON ST. SSEE, FL 32316	Trust Fund ECTORS	11. THE NAME STREET ADDRES CHY-ST-ZIP THE NAME	ss	Added to Fees	Florida I	Department of AND DIRECTORS IN	State  4 10  Addition	CR2E037 (10/02)
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2. I neteroly certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

03-29/03 (850)575-4430

Daytime Phone #