2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State
07-08-2002 90234 008 ****75.00

DOCUMENT # N98000004256

1. Entity Name

WE WALK BY FAITH MINISTRIES, INC.

Principal Place of Business	Mailing Address
750 BRYANT RD. S.W. PALM BAY FL 32908	750 BRYANT RD. S.W. PALM BAY FL 32908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
750 Bryant Rd. S.W.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay FL	City & State
Zip: 32908 Country: USA	Zip Country

4. FEI Number: 59-3523610 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEXANDER, LINDA F 750 BRYANT RD. S.W. PALM BAY FL 32908	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 Linda F. Alexander Linda F. Alexander 6/30/02
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	PT ALEXANDER, LINDA F 750 BRYANT RD. S.W. PALM BAY FL 32908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALEXANDER, OMEKA 750 BRYANT RD. S.W. PALM BAY FL 32908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALEXANDER, JIMMIE SR. 750 BRYANT RD. S.W. PALM BAY FL 32908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELTON, CORY 319 FITNESS CIR #4 MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, TAMMIE 6100 WOODLAKE DR APT #102 PALM BAY FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARPER, HARRIET 2820 COLBERT CIR MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Linda F. Alexander 6/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #