## 2004 NOT-FOR-PROFIT CORPORATION

## **FILED** Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # N98000004256 1. Entity Name 04-30-2004 90347 022 \*\*\*\*75.00 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 2. Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) $\iota_{\mathcal{M}_{\mathcal{O}}}$ City & State Applied For 4. FEI Number 59-3523610 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXANDER, LINDA F Street Address (P.O. Box Number is Not Acceptable) 750 BRYANT RD. S.W. PALM BAY FL 32908 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 signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Addition TITLE ☐ Change ALEXANDER, LINDA F NAME NAME 750 BRYANT RD. S.W. STREET ADDRESS STREET ADDRESS PALM BAY FL 32908 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE ALEXANDER, OMEKA NAME NAME 750 BRYANT RD. S.W. STREET ADDRESS STREET ADDRESS PALM BAY FL 32908 CITY - ST- 7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE ALEXANDER, JIMMIE SR. NAME NAME 750 BRYANT RD. S.W. STREET ADDRESS STREET ADDRESS PALM BAY FL 32908 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE FELTON, CORY NAME NAME 319 FITNESS CIR #4 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE STEWART, TAMMIE NAME NAME 6100 WOODLAKE DR APT #102 STREET ADDRESS STREET ADDRESS PALM BAY FL 32905 CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete ☐ Change TITLE TITLE HARPER, HARRIET NAME NAME 2820 COLBERT CIR STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

DNAME OF SIGNING OFFICER OR DIRECTOR IGNATURE AND TYPED OR PRINT

MELBOURNE FL 32901

CITY-ST-7IE