


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004256					
1. Entity Name WE WALK BY FAITH MINISTRIES, INC.					
Principal Place of Business 750 BRYANT RD. S.W. PALM BAY FL 32908 US		Mailing Address 750 BRYANT RD. S.W. PALM BAY FL 32908 US			
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 59-3523610	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALEXANDER, LINDA F 750 BRYANT RD. S.W. PALM BAY FL 32908			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P O. Box Number is Not Acceptable)			Street Address (P O. Box Number is Not Acceptable)		
City			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 <i>Linda S. Alexander</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 04/28/05	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	ALEXANDER, LINDA F		NAME		
STREET ADDRESS	750 BRYANT RD. S.W.		STREET ADDRESS		
CITY- ST- ZIP	PALM BAY FL 32908		CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	ALEXANDER, OMEKA		NAME		
STREET ADDRESS	750 BRYANT RD. S.W.		STREET ADDRESS		
CITY- ST- ZIP	PALM BAY FL 32908		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	ALEXANDER, JIMMIE SR.		NAME		
STREET ADDRESS	750 BRYANT RD. S.W.		STREET ADDRESS		
CITY- ST- ZIP	PALM BAY FL 32908		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FELTON, CORY		NAME		
STREET ADDRESS	319 FITNESS CIR #4		STREET ADDRESS		
CITY- ST- ZIP	MELBOURNE FL 32901		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	STEWART, TAMMIE		NAME		
STREET ADDRESS	6100 WOODLAKE DR APT #102		STREET ADDRESS		
CITY- ST- ZIP	PALM BAY FL 32905		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HARPER, HARRIET		NAME		
STREET ADDRESS	2820 COLBERT CIR		STREET ADDRESS		
CITY- ST- ZIP	MELBOURNE FL 32901		CITY- ST- ZIP		



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3523610**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda S. Alexander* DATE: **04/28/05**