


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90006 031 ****75.00

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1. Entity Name
WE WALK BY FAITH MINISTRIES, INC.



Principal Place of Business Mailing Address

**750 BRYANT RD. S.W.
 PALM BAY FL 32908
 US**

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 PALM BAY FL 32908
 US**



2. Principal Place of Business - No P.O. Box #
750 Bryant Rd. S.W.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Palm Bay FL

City & State
Same

Zip Country Zip Country

32908 USA

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For

59-3523610 No: Applicable

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

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

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 *Linda S. Alexander* *Linda S. Alexander* **05/15/08**

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
Due By May 1, 2008

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	PT	<input type="checkbox"/> Delete
NAME	ALEXANDER, LINDA F	
STREET ADDRESS	750 BRYANT RD. S.W.	
CITY - ST - ZIP	PALM BAY FL 32908	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALEXANDER, OMEKA	
STREET ADDRESS	750 BRYANT RD. S.W.	
CITY - ST - ZIP	PALM BAY FL 32908	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALEXANDER, JIMMIE SR.	
STREET ADDRESS	750 BRYANT RD. S.W.	
CITY - ST - ZIP	PALM BAY FL 32908	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELTON, CORY	
STREET ADDRESS	319 FITNESS CIR #4	
CITY - ST - ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, TAMMIE	
STREET ADDRESS	6100 WOODLAKE DR APT #102	
CITY - ST - ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, HARRIET	
STREET ADDRESS	2820 COLBERT CIR	
CITY - ST - ZIP	MELBOURNE FL 32901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 S. Alexander* **05/15/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #