2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jul 02, 2003 8:00 am **Secretary of State** DOCUMENT # N98000004256 07-02-2003 90009 011 \*\*\*\*75.00 WE WALK BY FAITH MINISTRIES, INC. Principal Place of Business Mailing Address 750 BRYANT RD. S.W. 750 BRYANT RD. S.W. PALM BAY FL 32908 PALM BAY FL 32908 2. Principal Place of Busine 3. Mailing Address Suite, Apt. #, etd Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3523610 Applied For 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 ALEXANDER, LINDA F Street Address (P.O. Box Number is Not Acceptable) 750 BRYANT RD. S.W. PALM BAY FL 32908 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution, Florida Department of State Added to Fees وفي OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition ☐ Delete TITLE Change TITLE : NAME ALEXANDER, LINDA F NAME 750 BRYANT RD. S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32908 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE ALEXANDER, OMEKA NAME NAME STREET ADDRESS 750 BRYANT RD. S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 ☐ Delete TITLE TITLE Change Addition ALEXANDER, JIMMIE SR. NAME NAME STREET ADDRESS 750 BRYANT RD. S.W. STREET ADDRESS PALM BAY FL 32908 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FELTON, CORY NAME NAME 319 FITNESS CIR #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STEWART, TAMMIE NAME NAME STREET ADDRESS 6100 WOODLAKE DR APT #102 STREET ADDRESS PALM BAY FL 32905 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME HARPER, HARRIET NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-7/P

SIGNATURE:

2820 COLBERT CIR

MELBOURNE FL 32901

STREET ADDRESS

CITY-ST-ZIP

FILED