

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006444

Entity Name: WALKING BY FAITH MINISTRIES, INC.**Current Principal Place of Business:**2225 HOLTON ST
TALLAHASSEE, FL 32310**Current Mailing Address:**PO BOX 21265
TALLAHASSEE, FL 32316 US**FEI Number:** 59-3682176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCREA, GLORIA H
2225 HOLTON ST.
TALLAHASSEE, FL 32310 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MCCREA, GLORIA H
Address	2225 HOLTON ST.
City-State-Zip:	TALLAHASSEE FL 32310

Title	VP
Name	MCCREA, LAURIE
Address	2225 HOLTON ST.
City-State-Zip:	TALLAHASSEE FL 32310

Title	T
Name	JONES, LINGPHRIE T
Address	2225 HOLTON STREET, APT. B
City-State-Zip:	TALLAHASSEE FL 32310

Title	SECRETARY
Name	SAWYER, MONICA
Address	2424 WEST THARPE ST 3A
City-State-Zip:	TALLAHASSEE FL 32303

Title	TREASURER
Name	EVANS, GEORGE FELIX
Address	2522 SAXON ST
City-State-Zip:	TALLAHASSEE FL 32310

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLORIA MCCREA**PRESIDENT****01/23/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date