

**2021 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:** Yes

**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, SHELIA  
Address 2074 MIDYETTE RD.  
3A  
City-State-Zip: TALLAHASSEE FL 32301

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

**PASTOR/TEACHER**

**02/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date