

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001277

**Entity Name:** VISION WALKERS MINISTRIES, INC.

**Current Principal Place of Business:**

335 EAST ROBERTSON STREET  
BRANDON PALMS PROFESSIONAL CENTER  
BRANDON, FL 33511

**Current Mailing Address:**

11831 VALHALLA WOODS DRIVE  
RIVERVIEW, FL 33579 US

**FEI Number:** 45-4555482

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALKER, SHARON  
11831 VALHALLA WOODS DRIVE  
RIVERVIEW, FL 33579 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 PASTOR  
Name WALKER, ROBERT K  
Address 11831 VALHALLA WOODS DRIVE  
City-State-Zip: RIVERVIEW FL 33579

Title SECRETARY  
Name WALKER, SHARON F  
Address 11831 VALHALLA WOODS DRIVE  
City-State-Zip: RIVERVIEW FL 33579

Title OTHER  
Name QUICK, JOHN  
Address 4205 SPURGEON DR  
City-State-Zip: ATLANTA GA 30349

Title TREASURER  
Name GRAVELY, SHAKIRA L  
Address 12413 CEDARFIELD DRIVE  
City-State-Zip: RIVERVIEW FL 33579

*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:** SHARON WALKER

**SECRETARY**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date