

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002482

FILED
Jan 21, 2009
Secretary of State

Entity Name: GRACE WALK MINISTRIES INC.

Current Principal Place of Business:

5825 LAPUERTA DEL SOL
BLDG 12, #365
SAINT PETERSBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3669
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 58-2303464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHANAN, CHERYL
6603 THACKSTON DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JONES, STEVEN
Address: 6628 SW 100TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: VC () Delete
Name: NYE, TODD
Address: 22 CROWN MANOR
City-St-Zip: CHESTERFIELD, MO 63005

Title: D () Delete
Name: FEAGIN, DANNY
Address: 703 LARKSPUR BLVD.
City-St-Zip: ACWORTH, GA 30102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL BUCHANAN

CDB

01/21/2009

Electronic Signature of Signing Officer or Director

Date