

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000072804

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** WALK BY FAITH COUNSELING SERVICES, LLC

**Current Principal Place of Business:**

3300 NORTH PACE BLVD. SUITE 313  
PENSACOLA, FL 32505 US

**New Principal Place of Business:**

1970 KATHLEEN AVE  
CANTONMENT, FL 32533 US

**Current Mailing Address:**

P.O. BOX 972  
GONZALEZ, FL 32560 US

**New Mailing Address:**

**FEI Number:** 26-3075096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MORRIS, BARBARETTE  
3300 NORTH PACE BLVD. SUITE 313  
PENSACOLA, FL 32505 US

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

MORRIS, BARBARETTE  
1970 KATHLEEN AVE  
CANTONMENT, FL 32533 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

02/04/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORRIS, BARBARETTE  
Address: P.O. BOX 972  
City-St-Zip: GONZALEZ, FL 32560 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARBARETTE D. MORRIS

MGRM

02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date