


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # N00000001647 1. Entity Name LAYMAN'S WALK MINISTRIES, INC.	
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Principal Place of Business 709 HANLEY DOWNS DR CANTONMENT, FL 32533	Mailing Address 709 HANLEY DOWNS DR CANTONMENT, FL 32533
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0993041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLUCCI, MICHAEL J PRES 709 HANLEY DOWNS DRIVE CANTONMENT, FL 32533	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael J Colucci* (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and when applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000778785 01/11/08-80011-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES COLUCCI, MICHAEL J 709 HANLEY DOWNS DR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLUCCI, ADRIA 709 HANLEY DOWNS DR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLUCCI, MICHAEL J 709 HANLEY DOWNS DR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC COLUCCI, ADRIA M 709 HANLEY DOWNS DR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Michael J Colucci* **1/8/2008** **850-937-1016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #