

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007770

1. Entity Name

WALK IN LIGHT MINISTRIES, INC.

Principal Place of Business

3836 DEESON RD  
LAKELAND FL 33810-5807

Mailing Address

3836 DEESON RD  
LAKELAND FL 33810-5807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3687852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KIMBERLY R  
3836 DEESON RD  
LAKELAND FL 33810-5807

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME JOHNSON, KIMBERLY R  
STREET ADDRESS 3836 DEESON RD  
CITY-ST-ZIP LAKELAND FL 33810-5807

TITLE P/T/D ☒ Change ☐ Addition  
NAME Johnson, Kimberly R.  
STREET ADDRESS 3836 Deeson Rd.  
CITY-ST-ZIP Lakeland, FL 33810-5807

TITLE D ☐ Delete  
NAME JOHNSON, ROBERT S  
STREET ADDRESS 3836 DEESON RD  
CITY-ST-ZIP LAKELAND FL 33810-5807

TITLE V/D ☒ Change ☐ Addition  
NAME Johnson, Robert S  
STREET ADDRESS 3836 Deeson Rd.  
CITY-ST-ZIP Lakeland, FL 33810-5807

TITLE D ☐ Delete  
NAME OSMUN, WILLIAM G  
STREET ADDRESS 1001 CARPENTER'S WAY 1-221  
CITY-ST-ZIP LAKELAND FL 33809

TITLE S/D ☒ Change ☐ Addition  
NAME Osmun, William G  
STREET ADDRESS 1001 Carpenter's Way I-221  
CITY-ST-ZIP Lakeland, FL 33809

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Kimberly R. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly R. Johnson 4/12/01

Date

863 859-6303

Daytime Phone #

0001367

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE