

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90383 018 \*\*\*\*61.25

**DOCUMENT # N00000007770**

1. Entity Name

**WALK IN LIGHT MINISTRIES, INC.**

Principal Place of Business

Mailing Address

ATTN: KIMBERLY JOHNSON  
1923 CASCO ST.  
LAKELAND FL 33801-3191ATTN: KIMBERLY JOHNSON  
1923 CASCO ST.  
LAKELAND FL 33801-3191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3687852**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 33810-5807Name **Kimberly R. Johnson**

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

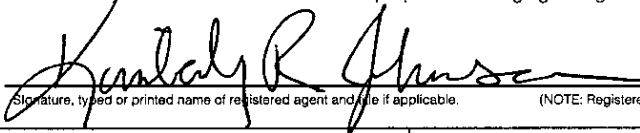
**1923 Casco St.**

City

**Lakeland****FL**Zip Code  
**33801**

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



(NOTE: Registered Agent signature required when reinstating)

**4/8/02**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
JOHNSON, KIMBERLY R  
3836 DEESON RD  
LAKELAND FL 33810-5807 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
Johnson, Kimberly R.  
1923 Casco St.  
Lakeland, FL 33801-2414 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
JOHNSON, ROBERT S  
3836 DEESON RD  
LAKELAND FL 33810-5807 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
Johnson, Robert S.  
1923 Casco St.  
Lakeland, FL 33801-2414 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
OSMUN, WILLIAM G  
1001 CARPENTER'S WAY I-221  
LAKELAND FL 33809 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**KIMBERLY R. JOHNSON**

Date

**4/8/02 (813) 604-6303**

Daytime Phone #

CR2E037 (9/01)