2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N00000007770

Entity Name: WALK IN LIGHT MINISTRIES, INC.

Current Principal Place of Business:

ATTN: KIMBERLY JOHNSON
1923 CASCO ST.
LAKELAND, FL 338013191

New Principal Place of Business:

Current Mailing Address:

ATTN: KIMBERLY JOHNSON
1923 CASCO ST.
LAKELAND, FL 338013191

New Mailing Address:

FEI Number: 59-3687852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, KIMBERLY R
1923 CASCO ST
LAKELAND, FL 33801 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: PTD ( ) Delete
Name: JOHNSON, KIMBERLY R
Address: 1923 CASCO ST
City-St-Zip: LAKELAND, FL 338012414

Title: VD ( ) Delete
Name: JOHNSON, ROBERT S
Address: 1923 CASCO ST
City-St-Zip: LAKELAND, FL 338012414

Title: SD ( ) Delete
Name: OSMUN, WILLIAM G
Address: 1001 CARPENTER'S WAY I-221
City-St-Zip: LAKELAND, FL 33809

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: JOHNSON, KIMBERLY R REV
Address: 1923 CASCO ST
City-St-Zip: LAKELAND, FL 338012414

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

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

Title: O ( ) Change (X) Addition
Name: MUNDY, JUDITH REV
Address: 932 HOLLINGSWORTH ROAD
City-St-Zip: LAKELAND, FL 33801

Title: O ( ) Change (X) Addition
Name: HALL, TIMOTHY
Address: 3233 MERLOT
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIMBERLY R JOHNSON PTD 04/27/2004
Electronic Signature of Signing Officer or Director — Date