

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007770

FILED
Apr 26, 2008
Secretary of State

Entity Name: WALK IN LIGHT MINISTRIES, INC.

Current Principal Place of Business:

ATTN: KIMBERLY JOHNSON
1923 CASCO ST.
LAKELAND, FL 338012414

New Principal Place of Business:

Current Mailing Address:

ATTN: KIMBERLY JOHNSON
1923 CASCO ST.
LAKELAND, FL 338012414

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 REV
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: O () Delete
Name: CARTER, SUSAN REV
Address: 6438 71ST ST N
City-St-Zip: PINELLAS PARK, FL 33781

Title: SO () Delete
Name: MUNDY, JUDITH REV
Address: 2439 HOLLINGSWORTH HILL AVE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PDT

04/26/2008

Electronic Signature of Signing Officer or Director

Date