2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
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 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 D 04/28/2009
Electronic Signature of Signing Officer or Director — Date