

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006444

FILED
Jul 14, 2009
Secretary of State

Entity Name: WALKING BY FAITH MINISTRIES, INC.

Current Principal Place of Business:

2225 HOLTON ST.
TALLAHASSEE, FL 32316

New Principal Place of Business:

2020 SOUTH ADAMS STREET
SUITE A
TALLAHASSEE, FL 32310

Current Mailing Address:

PO BOX 21265
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 59-3682176 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCREA, GLORIA H
2225 HOLTON ST.
TALLAHASSEE, FL 32316 US

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: P () Delete
Name: MCCREA, GLORIA H
Address: 2225 HOLTON ST.
City-St-Zip: TALLAHASSEE, FL 32316

Title: V () Delete
Name: MCCREA, LAURIE
Address: 2225 HOLTON ST.
City-St-Zip: TALLAHASSEE, FL 32316

Title: S () Delete
Name: JONES, LINGPHRIE T
Address: 2225 HOLTON STREET, APT. B
City-St-Zip: TALLAHASSEE, FL 32310

Title: T () Delete
Name: EVANS, GEORGE
Address: 3991 WOODVILLE HWY.
City-St-Zip: TALLAHASSEE, FL 32304

Title: T (X) Delete
Name: HOWARD, REBECCA
Address: 3019 PASCO STREET
City-St-Zip: TALLAHASSEE, FL 32305

Title: T () Delete
Name: WASHINGTON, PATRICIA
Address: 2225 HOLTON STREET
City-St-Zip: TALLAHASSEE, FL 32310

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:

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: GLORIA H MCCREA

P

07/14/2009

Electronic Signature of Signing Officer or Director

Date