

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90010 018 \*\*\*\*61.25

**DOCUMENT # N01000007917**

1. Entity Name  
**WALKING IN POWER MINISTRY, INC.**



Principal Place of Business  
**12024 SW 270TH STREET  
NARANJA, FL 33032**

Mailing Address  
**12024 SW 270TH STREET  
NARANJA, FL 33032**



2. Principal Place of Business  
**451 SE 8TH ST  
Suite, Apt. #, etc.  
Lot 44**

3. Mailing Address  
**451 SE 8TH ST  
Suite, Apt. #, etc.  
Lot 44**

01112004 Chg-NP CR2E037 (10/03)

City & State  
**Homestead FLA**  
Zip  
**33030** Country  
**USA**

City & State  
**Homestead FLA**  
Zip  
**33030** Country  
**USA**

4. FEI Number  
**65-0874195** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**TICE, JAMES E  
12024 SW 270TH STREET  
NARANJA, FL 33032**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, SARAH 12024 SW 270TH STREET NARANJA, FL 33032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, JAMES 12024 SW 270TH STREET NARANJA, FL 33032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, DONALD 12023 SW 270TH STREET NARANJA, FL 33032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dennis, Sarah</b> <b>451 SE 8TH ST LOT 44</b> <b>HOMESTEAD FLA 33030</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dennis, James</b> <b>451 SE 8TH ST LOT 44</b> <b>HOMESTEAD FLA 33030</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dennis, Donald</b> <b>451 SE 8TH ST LOT 44</b> <b>HOMESTEAD FLA 33030</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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, or on an attachment with an address, with all other like empowered.

*Sarah Dennis*  
8/22/04