

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90203 016 ****61.25

DOCUMENT # NO1000008133

1. Entity Name

WALK ON WATER MINISTRIES, INC.

Principal Place of Business

**201 N. DORT STREET
 PLANT CITY FL 33566**

Mailing Address

**201 N. DORT STREET
 PLANT CITY FL 33566**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1157684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRANGER, DOUGLAS
 201 N. DORT STREET
 PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33563

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

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VTD
 GRANGER, DOUG
 201 N. DORT STREET
 PLANT CITY FL 33566** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
33563

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 GRANGER, LISA
 201 N. DORT STREET
 PLANT CITY FL 33566** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
33563

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 GRANGER, SUNNY R
 201 N. DORT STREET
 PLANT CITY FL 33566** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
33563

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

Diagnose Men

7/2/02

813-752-1500

CR2E037 (4/02)