


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000002263</b> 1. Entity Name <b>WALTER LOWE MINISTRIES, INC.</b>	
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Principal Place of Business <b>517 PAULA AVE PENSACOLA, FL 32507</b>	Mailing Address <b>517 PAULA AVE PENSACOLA, FL 32507</b>
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DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>01-0625828</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LOWE, WALTER  
1383 RULE ST  
PENSACOLA, FL 32534**

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IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LOWE, GENEVA 1383 RULE ST PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HILL, BRIDGET 2355 W MICHIGAN AVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BLOXSON, LASONDRA 7711 UNTREINER AVE PENSACOLA, FL 32534
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U00000776728  
01/09/08-80034-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Walter Lowe, Walter Lowe, Registered Agent 1/7/08 (850) 494-0389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #