

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004127

FILED  
Jun 19, 2008  
Secretary of State

**Entity Name:** FRANKIE WALLS MINISTRIES, INC.

**Current Principal Place of Business:**

5285 NW 70TH AVE  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 190053  
LAUDERHILL, FL 33319

**New Mailing Address:**

5285 NW 70TH AVENUE  
LAUDERHILL, FL 33319

**FEI Number:** 30-0059025      **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:**

WALLS, TINA  
5285 NW 70TH AVE  
LAUDERHILL, FL 33319      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: DP      ( ) Delete  
Name: WALLS, FRANKIE  
Address: 7437 NW 34TH STREET  
City-St-Zip: LAUDERHILL, FL 33319

Title: DV      ( ) Delete  
Name: WALLS, TINA  
Address: 5285 NW 70TH AVENUE  
City-St-Zip: LAUDERHILL, FL 33319

Title: DT      ( ) Delete  
Name: WRIGHT, ADRIANNE  
Address: 3230 NW 43 PLACE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D      ( ) Delete  
Name: WRIGHT, MARION  
Address: 151 NW 33RD TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D      ( ) Delete  
Name: KIRK, DERRICK  
Address: 129 W DEMPSTER  
City-St-Zip: MEMPHIS, TN 38109

Title: D      ( ) Delete  
Name: FLETCHER, SR, DAVID W SUPT.  
Address: 4941 NW 17TH COURT  
City-St-Zip: LAUDERHILL, FL 33313

**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: FRANKIE WALLS

PRES

06/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date