## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004127

Entity Name: FRANKIE WALLS MINISTRIES, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5285 NW 70TH AVE LAUDERHILL, FL 33319

Current Mailing Address: New Mailing Address:

5285 NW 70TH AVENUE LAUDERHILL, FL 33319

in the State of Florida.

FEI Number: 30-0059025 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALLS, TINA
5285 NW 70TH AVE
LAUDERHILL, FL 33319 US

WALLS, FRANKIE
5285 NW 70TH AVE
LAUDERHILL, FL 33319 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: FRANKIE WALLS 04/14/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete () Change () Addition WALLS, FRANKIE Name: Name: 7437 NW 34TH STREET Address: Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: Title: () Delete () Change () Addition WALLS, TINA Name: Name: Address: 5285 NW 70TH AVENUE Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition WRIGHT, ADRIANNE Name: Name: 3230 NW 43 PLACE Address: Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: WRIGHT, MARION Name: Address: 151 NW 33RD TERRACE Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition KIRK, DERRICK Name: Name: 129 W DEMPSTER Address: Address: City-St-Zip: MEMPHIS, TN 38109 City-St-Zip: Title: () Delete Title: () Change () Addition FLETCHER, SR. DAVID W SUPT. Name: Name: Address: 4941 NW 17TH COURT Address: LAUDERHILL, FL 33313 City-St-Zip: 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 DP 04/14/2009