




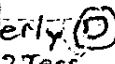

FILED

May 14, 2003 8:00 am  
Secretary of State

4/1

04-18-2003 90224 032 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N02000006656</b>					
1. Entity Name <b>DAVID WALKER MINISTRIES INC.</b>					
Principal Place of Business 6600 SW 63CT MIAMI FL 33143			Mailing Address 6600 SW 63CT MIAMI FL 33143		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>30-01-47291</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WALKER, DAVID E 6600 SW 63CT MIAMI FL 33143</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P WALKER, DAVID E 		<input type="checkbox"/> Delete		
NAME	6600 SW 63CT		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	MIAMI FL 33143				
CITY-ST-ZIP					
TITLE	V WALKER, ABBY 		<input type="checkbox"/> Delete		
NAME	6600 SW 63CT		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	MIAMI FL 33143				
CITY-ST-ZIP					
TITLE	S Walker Beverly 		<input type="checkbox"/> Delete		
NAME	11355 SW 152 Terr		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	Miami FL 33157				
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
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: 			4-16-2003 305-458-3655		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

55040623



CHECK HERE IF MAKING CHANGES

CR2E037 (1/02)