


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90082 027 \*\*\*\*70.00

<b>DOCUMENT # N02000007811</b> 1. Entity Name <b>WALLS OF SALVATION CHURCH MINISTRIES, INC.</b>					
Principal Place of Business <b>6697 OLD HWY 90 MILTON, FL 32570</b>			Mailing Address <b>P.O. BOX 4193 CAPITAL HEIGHTS, MD 20791</b>		
2. Principal Place of Business <b>6053 TOULOUSE DR.</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. BOX 19082</b> Suite, Apt. #, etc.		
City & State <b>PENSACOLA, FLORIDA</b> Zip <b>32505</b>			City & State <b>PENSACOLA, FLORIDA</b> Zip <b>32523-9082</b>		
4. FEI Number <b>27-0043149</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			01122005 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent  <b>SAMUEL, ALONZO 5946 QUEEN STREET MILTON, FL 32570</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC WALKER, JOHN JR P.O. BOX 4193 CAPITAL HEIGHTS, MD 20791</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTDM WALKER, DORN P.O. BOX 4193 CAPITAL HEIGHTS, MD 20791</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTDM WALKER, DORN 6053 TOULOUSE DR. PENSACOLA, FLORIDA 32505</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FRANCIS, MICHELLE 11800 TWIN LAKES DRIVE SUITE 301 BELTSVILLE, MD 20705</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 817, 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.					
<b>SIGNATURE: <i>John Walker Jr.</i> / JOHN WALKER JR. 1/12/05 202-353-3350</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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