2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007811

FILED Mar 31, 2007 Secretary of State

Entity Name: WALLS OF SALVATION CHURCH MINISTRIES, INC.

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

6053 TOULOUSE DRIVE PENSACOLA, FL 32505

Current Mailing Address: New Mailing Address:

P.O. BOX 19082

PENSACOLA, FL 325239082

FEI Number: 27-0043149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SAMUEL, ALONZO 5946 QUEEN STREET MILTON, FL 32570 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: PDC () Delete Title: PDC
Name: WALKER, JOHN JR Name: WALKER,

 Name:
 WALKER, JOHN JR
 Name:
 WALKER, JOHN Y JR

 Address:
 P.O. BOX 4193
 Address:
 P.O. BOX 4193

City-St-Zip: CAPITAL HEIGHTS, MD 20791 City-St-Zip: CAPITAL HEIGHTS, MD 20791

Title: VTDM () Delete Title: () Change () Addition

 Name:
 WALKER, DORN
 Name:

 Address:
 6053 TOULOUSE DRIVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name: FRANCIS, MICHELLE Name: FRANCIS, MICHELLE

Address: 11800 TWIN LAKES DRIVE SUITE 301 Address: 9900 NORTH 114 EAST AVENUE

City-St-Zip: BELTSVILLE, MD 20705 City-St-Zip: OWASSO,, OK 74055

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN Y. WA.KER JR PDC 03/31/2007