2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N02000008593

Entity Name: HTTP://WALK-WITH-CHRIST-GOSPEL-RADIO, INC.

Current Principal Place of Business:

1717 NORTH LAKE SHIPP DRIVE SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4252
WINTER HAVEN, FL 33885

New Mailing Address:

FEI Number: 31-5344418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

METZ, STEPHANIE E
1717 NORTH LAKE SHIPP DRIVE SW
WINTER HAVEN, FL 33885 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:	ST	( ) Delete
Name:	METZ 2, FRED W	
Address:	1717 NORTH LAKE SHIPP DRIVE SW	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	V	( ) Delete
Name:	METZ 3, FRED	
Address:	1717 NORTH LAKE SHIPP DRIVE SW	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	PC	( ) Delete
Name:	HIGGINS, RICHARD	
Address:	1717 NORTH LAKE SHIPP DRIVE SW	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	D	( ) Delete
Name:	LYNCH, GARY R	
Address:	224 OAK LANE	
City-St-Zip:	TAMPA, FL 33610	
Title:	P	( ) Delete
Name:	HICKERSON, CLAUDE	
Address:	POST OFFICE BOX 4252	
City-St-Zip:	WINTER HAVEN, FL 33885	
Title:	D	( ) Delete
Name:	NEILANDS, MICHAEL	
Address:	1717 NORTH LAKE SHIPP DRIVE SW	
City-St-Zip:	WINTER HAVEN, FL 33880	

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: GARY R LYNCH D 04/11/2008

Electronic Signature of Signing Officer or Director — Date