2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 01, 2006 08:00 Āl Secretary of State DOCUMENT # N04000003542 1. Entity Name WALKER MINISTRIES, INC. Principal Place of Business Mailing Address P O BOX 776 PERRY FL 32348 P O BOX 776 PERRY FL 32348 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 01-0817613 Not Applicate Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER, BILLY G JR Street Address (P.O. Box Number is Not Acceptable) 224 FOREST CIR PERRY FL 32348 Zip Code City 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 Fforida. I am familiar with, and accept the obligations at to SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change Arkilia ☐ Delete TITLE TITLE WALKER, BILLY G JR NAME NAME 224 FOREST CIR STREET ADDRESS STREET ADDRESS U0000054925 **PERRY FL 32348** CITY-ST-ZIP CITY-ST-ZIP 3706-50013 <u>010-70.00</u> Addition Channe ☐ Delete TITLE WALKER, G. GAIL MAME STREET ADDRESS 224 FOREST CIR STREET ADDRESS PERRY FL 32348 CITY-ST-ZIP CITY-ST-718 ☐ Delete mlë. Change T Addition TITLE ST MARKE MAME WALKER, GENEVA B STREET ADDRESS' 224 FOREST CIR STREET ADDRESS PERRY FL 32348 CITY-ST-7/P CITY - ST - ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Change Change ☐ AddSio ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

OZONIATURE

ZH Will

4-20-06

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