2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000001143

1. Entity Name
THE WALKERS LOVE AND DELIVERANCE CENTER MINISTRY, INC.

Principal Place of Business	Mailing Address
PO BOX 555156 ORLANDO, FL 32855	PO BOX 555156 ORLANDO, FL 32855

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4317272

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STERNS, RANDY K
2601 TECHNOLOGY DRIVE
ORLANDO, FL 32804

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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 _____ U00000877137 04/14/08-80002-001 25.00-
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	WALKER, CLINTON J REV.
STREET ADDRESS	PO BOX 555156
CITY-ST-ZIP	ORLANDO, FL 32855
TITLE	VD
NAME	BRACY, EUGENE
STREET ADDRESS	617 IVY LANE
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	STD
NAME	WALKER, LORETTA D
STREET ADDRESS	PO BOX 555156
CITY-ST-ZIP	ORLANDO, FL 32855
TITLE	D
NAME	JACKSON, WOODROW REV.
STREET ADDRESS	P.O. BOX 2974
CITY-ST-ZIP	FT. PIERCE, FL 34951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attached with an address, with all other like empowered.

SIGNATURE: Rev. Clinton J Walker 2-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #