

## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED DOCUMENT # N06000001143 09 MAR 18 PM 1: 39 1. Entity Name THE WALKERS LOVE AND DELIVERANCE CENTER MINISTRY, INC. SECRLIARY OF STATE. TELLARASSEE FLORIDA Principal Place of Business Mailing Address PO BOX 555156 PO BOX 555156 ORLANDO, FL 32855 ORLANDO, FL 32855 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01162009 Cha-NP CR2E037 (11/08) 4. FEI Number 20-4317272 City & State City & State Applied For Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired $\Box$ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STERNS, RANDY K Street Address (P.O. Box Number is Not Acceptable) 2601 TECHNOLOGY DRIVE ORLANDO, FL 32804 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution Due by May 1, 2009 ~ Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE Change Addition TITLE WALKER, CLINTON J REV. NAME NAME STREET ADDRESS STRECT ADDRESS PO BOX 555156 CITY-ST-ZIP CITY - ST - ZIP ORLANDO, FL 32855 000146239040 03/19/09--01018--013 \*\*70.00 Delete TITLE Addition TITLE BRACY, EUGENE NAME NAME STREET ADDRESS 617 IVY LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-S1-ZIP Delete TITLE ☐ Change Addition HILE WALKER, LORETTA D NAME NAME STREET ADDRESS PO BOX 555156 STREET ADDRESS ORLANDO, FL 32855 CITY-ST-ZIP CITY-ST-7IP Change Addition Delete THILE ITTLE JACKSON, WOODROW REV. NAME NAME STREET ADDRESS P.O. BOX 2974 STREET ADDRESS CITY-ST-ZIP FT. PIERCE, FL 34951 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY. ST. 7IP CITY-ST-7IP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 form if free 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 resource or trustee employeed 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 pripowered.

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Daytime Phone

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation: The Walkers Love and Deliverance Center Ministry, Inc.	
2.	The principal office address: P. O. Box 555156, Orlando, FL 32855	
3.	The mailing address (if different): P. O. Box 555156, Orlando, FL 32855	
4.	Date of incorporation/qualification: 02/02/2006 Document number: N06000001143	
5.	The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
	Randy K. Sterns	
	2801 Technology Drive	
	Orlando, FL 32855	
6.	The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	Mrs, Lovella D'xon Walker	
	5010 W. Robinson STreet	
	ORLANDO 71 32811	
	the street address of its registered office and the street address of the business office of its registered agent, changed will be identical.	
	ch change was authorized by resolution duly adopted by its board of directors or by an officer so authorized	
by	the board, or the corporation has been posified in writing of the change.	
Ų	(Signature of an officer or director) (Printed or typed name and title)	
I h	ereby accept the appointment as registered agent and agree to act in this capacity.	
If	urther agree to comply with the provisions of all statutes relative to the proper and complete performance	
oj do	my duties, and I am familiar with and accept the obligation of my position as registered agent. Of, if this cuphent is being filed merely to reflect a change in the registered office address, I hereby confirm that the	
	poration fact been totified in writing of this change.	
_	(Signature of Registered Agent)  (Date)	
If:	signing on behalf of an entity:	
	(Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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