2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000002107

Entity Name: DAVID B. WALKER MINISTRIES,INC.

Current Principal Place of Business:

252 14 STREET
APALACHICOLA, FL 32320

New Principal Place of Business:

160 12 STREET
APALACHICOLA, FL 32320

Current Mailing Address:

252 14 STREET
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 26-2093958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, HAROLYN
252 14 STREET
APALACHICOLA, FL 32320 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: P ( ) Delete
Name: WALKER, DAVID
Address: 252 14 STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: VP ( ) Delete
Name: WALKER, HAROLYN
Address: 252 14 STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: S ( ) Delete
Name: GRAHAM, DESIREA
Address: 4806 EAST CLIFTON ST
City-St-Zip: TAMPA, FL 33610

Title: T ( ) Delete
Name: INGRAM, DENISE
Address: 3780 N.W. 9 TH COURT
City-St-Zip: FT.LAUDERDALE, FL 33311

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:

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: DAVID WALKER P 04/30/2009

Electronic Signature of Signing Officer or Director — Date