FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 27, 2002 8:00 am **DOCUMENT # N30915** TOF STATE Secretary of State 1. Entity Name FAITH WALK MINISTRY, INC. 02-27-2002 90048 050 ****61.25 Mailing Address Principal Place of Business RT 1 BOX 216-J RT 1 BOX 216-J LAKE CITY FL 32055 LAKE CITY FL 32055 2. Principal Place of Business 509 S. Marion Str. 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Cit 59-3677770 FL Not Applicable aK ϵ Country \$8.75 Additional Zip 5. Certificate of Status Desired 2050 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) -----GRAHAM LARRY SR RT. 1 BOX 216-J (JAKE ROAD) LAKE CITY FL 32055 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 Florida. SIGNATURE DATE (NOTE: Ragistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition (9/01) ☐ Change TITLE ☐ Delete GRAHAM, LARRY NAME Benetta Dallas NAME 536 Wilson Str. STREET ADDRESS RT. 1 BOX 216-J STREET ADDRESS CITY-ST-ZIP ake City PL 32055 CITY-ST-ZIP LAKE CITY FL 32055 Change Addition Delete TITLE TITLE PERRY, BENJAMIN nac L zeighler NAME NAME 1536 Wilson Str. 777 S. AVALON ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKE CITY FL 32055 CITY-ST-ZIP City FL 32055 ☐ Change ☐ Addition SD Delete TITLE TITLE ROSS, NELSON NAME NAME STREET ADDRESS RT. 15 BOX 4439 STREET ADDRESS LAKE-CITY-FL-32024 CITY-ST-ZIP CITY-ST-ZIP Citation Ade □ Delete TITLE TITLE GRAHAM, TINA M NAME NAME RT 1 BOX 216-3 STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Date Daytime Phone #