2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003
Secretary of State

DOCUMENT# N30915

Entity Name: FAITH WALK MINISTRY, INC.

Current Principal Place of Business:

509 S MARION STR.
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 448
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3677770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, LARRY SR
RT. 1 BOX 216-J (JAKE ROAD)
LAKE CITY, FL 32055 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: PD ( ) Delete
Name: GRAHAM, LARRY
Address: RT. 1 BOX 216-J
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete
Name: GRAHAM, TINA M
Address: RT 1 BOX 216-3
City-St-Zip: LAKE CITY, FL 32055

Title: S ( ) Delete
Name: DALLAS, GRETTA
Address: 1536 WILSON STR
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete
Name: ZEIGHLER, MAE L
Address: 1536 WILSON ST
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRAHAM, LARRY SR
Address: RT. 1 BOX 216-J
City-St-Zip: LAKE CITY, FL 32055

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 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 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: LARRY GRAHAM SR PD 01/27/2003

Electronic Signature of Signing Officer or Director — Date