

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49965

1. Entity Name

DAILY WALK MINISTRIES, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90037 025 ****61.25

Principal Place of Business

346 RALLUS RD
VENICE FL 34293

Mailing Address

346 RALLUS RD
VENICE FL 34293-4920

2. Principal Place of Business

220 Rallus Rd

3. Mailing Address

220 Rallus Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE - FLORIDA

City & State

VENICE - FLORIDA

4. FEI Number

65-0370302

Applied For

Not Applicable

Zip

34293

Country U.S.A.

SARASOTA

Zip

34293

Country U.S.A.

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALK, DONALD REVEREND
346 RALLUS RD
VENICE FL 34293

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WALK, DONALD REVEREND
STREET ADDRESS 346 RALLUS RD
CITY-ST-ZIP VENICE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FOLEY, THOMAS D
STREET ADDRESS 11541 LANE PARK RD
CITY-ST-ZIP TAVARES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LIZARDI, PEDRO
STREET ADDRESS 11410 LANE PARK ROAD
CITY-ST-ZIP TAVARES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCEWEN, TERRY
STREET ADDRESS 17200 VILLA CITY RD
CITY-ST-ZIP GROVELAND FL 34736

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Donald J. Walk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DONALD J. WALK 3/14/00 941-493-7202

CR2E037 (9/99)