FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001102 (3)

1. Corporation Name

WALK BY FAITH BIBLE MINISTRY, INC.

Principal Place of Business	Mailing Address
7640 LEM TURNER RD JACKSONVILLE FL 32208	7640 LEM TURNER RD JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3169969 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21 1957 W. 11th Street	26 1957 W. 11th Street	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
23 City & State: Jacksonville, Florida	28 City & State: Jacksonville, Florida	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
24 Zip: 32209 25 Country: Duval	29 Zip: 32209 30 Country: Duval	8. This corporation has liability for intangibles under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GRANT, MICHAEL T
7640 LEM TURNER RD
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

91 Name: Grant, Patricia A.
92 Street Address (P.O. Box Number is Not Acceptable): 1957 West 11th Street
93
94 City: Jacksonville — FL — 95 Zip Code: 32209

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Patricia Ann Grant — Patricia Ann Grant — 4-24-95
(Signature of agent or printed name of registered agent & title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	GRANT, MICHAEL T	12 NAME	
STREET ADDRESS	1958 W. 12TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	HARRIS, ELLEEN	22 NAME	
STREET ADDRESS	2224 W. 12TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	GRANT, PATRICIA A	32 NAME	
STREET ADDRESS	1919 W. 11TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HARRIS, ED	42 NAME	
STREET ADDRESS	2224 W 12TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Ann Grant — 4-24-95 — 356-8092
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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