

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 08 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000001102 (3)  
 1. Corporation Name  
 WALK BY FAITH BIBLE MINISTRY, INC.



Principal Place of Business: 1957 W. 11TH STREET JACKSONVILLE FL 32209 US  
 Mailing Address: 1957 W. 11TH STREET JACKSONVILLE FL 32209 US

3. Date incorporated or Qualified: 02/26/1993  
 4. FEI Number: 59-3169969  
 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association? Yes No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: GRANT, PATRICIA A, 1957 W. 11TH STREET, JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: C	DELETED
NAME: GRANT, MICHAEL T	
STREET ADDRESS: 1957 W. 12TH ST.	
CITY-ST-ZIP: JACKSONVILLE FL 32209	
TITLE: ST	DELETED
NAME: HARRIS, ELLEEN	
STREET ADDRESS: 2224 W. 12TH ST.	
CITY-ST-ZIP: JACKSONVILLE FL 32209	
TITLE: T	DELETED
NAME: GRANT, PATRICIA A	
STREET ADDRESS: 1919 W. 11TH ST.	
CITY-ST-ZIP: JACKSONVILLE FL 32209	
TITLE: T	DELETED
NAME: HARRIS, ED	
STREET ADDRESS: 2224 W 12TH ST	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: T	DELETED
NAME: HARRIS, ED	
STREET ADDRESS: 2224 W 12TH ST	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: _____	DELETED
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Rev. Michael T. Grant Pastor* 2 JULY 98 (904) 358-7379  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)