


FILE NOW: FILING FEE IS \$61.25

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Jun 04 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Br. Morthahn</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001455 (2)**

1. Corporation Name

**WALKING IN FAITH, FAMILY CHURCH INC.**



Principal Place of Business	Mailing Address
37922 BAILY HILL ROAD DADE CITY FL 33525	37922 BAILY HILL ROAD DADE CITY FL 33525-1801

3. Date Incorporated or Qualified <b>03/13/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

4. FEI Number <b>59-3368882</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>RITCH, ROBERT E</b> <b>37922 BAILY HILL ROAD</b> <b>DADE CITY FL 33525</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
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 Robert E. Ritch Pres. Pastor DATE 3-30-97

12. OFFICERS AND DIRECTORS		
TITLE		<input type="checkbox"/> DELETE
NAME	<b>Debbie Ritch</b>	
STREET ADDRESS	<b>37922 Baily Hill Rd</b>	
CITY-ST-ZIP	<b>DADE City FL 33525</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>Don Howell</b>	
STREET ADDRESS	<b>4645 Goldfinch</b>	
CITY-ST-ZIP	<b>28th Hills FL 33525</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>Polly Howell</b>	
STREET ADDRESS	<b>4645 Goldfinch</b>	
CITY-ST-ZIP	<b>28th Hills FL 33525</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>Robert Ritch</b>	
STREET ADDRESS	<b>37922 Baily Hill Rd</b>	
CITY-ST-ZIP	<b>DADE City FL 33525</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

14. I do 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.

CR2E037 (9/96)