

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003630

FILED  
Jan 16, 2005  
Secretary of State

**Entity Name:** FAITH WALKER MINISTRIES INCORPORATED

**Current Principal Place of Business:**

3819-42 STREET NORTH  
ST. PETERSBURG, FL 33714

**New Principal Place of Business:**

**Current Mailing Address:**

3819-42 STREET NORTH  
ST. PETERSBURG, FL 33714

**New Mailing Address:**

**FEI Number:** 59-3389738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORANSKI HAZZARD, LINDA  
3819-42 STREET NORTH  
ST. PETERSBURG, FL 33714 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: DP ( ) Delete  
Name: MORANSKI/HAZZARD, LINDA  
Address: 3819-42 STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL

Title: TV ( ) Delete  
Name: SELF, BONITA J  
Address: 3819-42 STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL

Title: TS ( ) Delete  
Name: HAZZARD, BRIAN S  
Address: 3819-42 STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LINDA MORANSKI HAZZARD

DP

01/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date