

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005826

FILED
Mar 27, 2007
Secretary of State

Entity Name: WALK ABOUT MINISTRY FOR CHRIST, INC.

Current Principal Place of Business:

4925 BOTTLEBRUSH LN.
#9107
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

4925 BOTTLEBRUSH LN.
#9107
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-3544972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCONIERS, REGINAL K
4925 BOTTLEBRUSH LN.
#9107
ORLANDO, FL 32808 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: PD () Delete
Name: SCONIERS, REGINAL K
Address: 4925 BOTTLEBRUSH LN. #9107
City-St-Zip: ORLANDO, FL 32808 US

Title: VD () Delete
Name: SCONIERS, MARY
Address: 4925 BOTTLEBRUSH LN. #9107
City-St-Zip: ORLANDO, FL 32808 US

Title: SD () Delete
Name: PARKS, ELAINE S
Address: 4826 ELESE STREET
City-St-Zip: ORLANDO, FL 32811 US

Title: TD () Delete
Name: CROCKETT, RUTH E
Address: 9145 NE 4TH AVE
City-St-Zip: MIAMI, FL 33138 US

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:

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 Chapter 119, 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: ELAINE,S,PARKS

SD

03/27/2007

Electronic Signature of Signing Officer or Director

Date