

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90316 007 ****61.25

DOCUMENT # N04000007014 1. Entity Name WAR MINISTRIES, INC.					
Principal Place of Business 1851 NW 34 TERR FT LAUDERDALE, FL 33311			Mailing Address 1851 NW 34 TERR FT LAUDERDALE, FL 33311		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 73-1703440	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUDSON, GWENDOLYN A 3081 N COURSE DR BLDG 48 UNIT 214 POMPAHO BEACH, FL 33060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Gwendolyn A. Hudson</u> Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE: <u>4-15-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUDSON, GWENDOLYN A 3081 N COURSE DR BLDG 48 UNIT 214 POMPAHO, FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hudson, Gwendolyn A. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDSON, MINNIE 1851 NW 34 TERR FT LAUDERDALE, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Hudson, Minnie ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATES, VERONICA 6109 ROSEWAY COURT HARRISBURG, NC 28075	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bates, Veronica ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULBREATH, SHATON S 8200 NW 44 COURT SUNRISE, FL 33351	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gwendolyn A. Hudson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/15/05</u> Daytime Phone #: <u>954.258.7214</u>		