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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 8:58

DOCUMENT # **N08966** (6)

1. Corporation Name
WARRIORS HOME CHURCH, INC.

Principal Place of Business Mailing Address
1146 EAST PLANT ST PO BOX 1587
WINTER GARDEN FL 34787-1587 WINTER GARDEN FL 34777-1587
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/24/1985	3a. Date of Last Report 04/12/1994
4. FEI Number 59-2525611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State Zip Country	24. City & State Zip Country

9. Name and Address of Current Registered Agent

**WILFERT, PAUL H.
604 CABORCA COURT
OCOOEE FL 34761**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRALAND, DAVID D.
STREET ADDRESS	1015 GLENSPRINGS DRIVE
CITY - ST - ZIP	WINTER GARDEN FL
TITLE	OD
NAME	ANTOMMARCHI, DAVID
STREET ADDRESS	1390 SPRING RIDGE CIRCLE
CITY - ST - ZIP	WINTER GARDEN FL
TITLE	VD
NAME	BRALAND, DARRYL D.
STREET ADDRESS	550 S BLUFORD
CITY - ST - ZIP	OCOOEE FL
TITLE	O
NAME	MCDUFFIE, JAMES
STREET ADDRESS	527 PITT ST.
CITY - ST - ZIP	CLERMONT FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 checked="" type="checkbox"/> Addition
5.2 NAME	OFFICE DIRECTOR
5.3 STREET ADDRESS	Valentine A. Rodriguez, IV
5.4 CITY - ST - ZIP	705 Stinnet Drive
	Ocoee, Florida 34761
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	OFFICER
6.3 STREET ADDRESS	James Watson
6.4 CITY - ST - ZIP	1217 Blue Spring Ct.
	Ocoee, Florida 34761

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David D. Braland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95 107-656-4276