

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08966

(6)

1. Corporation Name

WARRIORS HOME CHURCH, INC.

Principal Place of Business

**1146 EAST PLANT ST
WINTER GARDEN FL 34787-1587
US**

Mailing Address

**PO BOX 1587
WINTER GARDEN FL 34777-1587
US**



3. Date Incorporated or Qualified
04/24/1985

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2525611

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Braland, Judy**

82 Street Address (P.O. Box Number is Not Acceptable)
1015 Glensprings Ave

83 City, State, and Zip

84 City **Winter Garden**

FL 85 34787

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

Judy Braland

(NOTE: Registered Agent signature required when resigning)

April 25, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BRALAND, DAVID D.**
STREET ADDRESS **1015 GLENSPRINGS DRIVE**
CITY - ST - ZIP **WINTER GARDEN FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **OD** ☐ DELETE
NAME **ANTOMMARCHI, DAVID**
STREET ADDRESS **1390 SPRING RIDGE CIRCLE**
CITY - ST - ZIP **WINTER GARDEN FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE
NAME **BRALAND, DARRYL D.**
STREET ADDRESS **550 S BLUFORD**
CITY - ST - ZIP **OCOE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **O** ☐ DELETE
NAME **MCDUFFIE, JAMES**
STREET ADDRESS **527 PITT ST.**
CITY - ST - ZIP **CLERMONT FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **RODRIGUEZ, IV V**
STREET ADDRESS **705 STINNET DR.**
CITY - ST - ZIP **OCOE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **O** ☐ DELETE
NAME **WATSON, JAMES**
STREET ADDRESS **1217 BLUE SPRING CT.**
CITY - ST - ZIP **OCOE FL**

6.1 TITLE ☐ Change ☐ 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 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

4-25-96
Date

407-656-4276
Daytime Phone #

CR2E037 (12/95)