

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 US |
|---|---|



| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 30 Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified 04/24/1985 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2525611 | Applied For 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**BRALAND, JUDY
1015 GLENSPRINGS AVE
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | BRALAND, DAVID D. |
| STREET ADDRESS | 1015 GLENSPRINGS DRIVE |
| CITY - ST - ZIP | WINTER GARDEN FL |
| TITLE | OD <input type="checkbox"/> DELETE |
| NAME | ANTOMMARCHI, DAVID |
| STREET ADDRESS | 1390 SPRING RIDGE CIRCLE |
| CITY - ST - ZIP | WINTER GARDEN FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | BRALAND, DARRYL D. |
| STREET ADDRESS | 550 S BLUFORD |
| CITY - ST - ZIP | OCOOE FL |
| TITLE | O <input type="checkbox"/> DELETE |
| NAME | MCDUFFIE, JAMES |
| STREET ADDRESS | 527 PITT ST. |
| CITY - ST - ZIP | CLERMONT FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, IV V |
| STREET ADDRESS | 705 STINNET DR. |
| CITY - ST - ZIP | OCOOE FL |
| TITLE | O <input type="checkbox"/> DELETE |
| NAME | WATSON, JAMES |
| STREET ADDRESS | 1217 BLUE SPRING CT. |
| CITY - ST - ZIP | OCOOE FL |

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 type="checkbox"/> Addition |
| 5.2 NAME |
| 5.3 STREET ADDRESS |
| 5.4 CITY - ST - ZIP |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **4-28-97** 407-656-4296

CR2E037 (9/96)