


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Workman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08966 (6)
1. Corporation Name
WARRIORS HOME CHURCH, INC.



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

3. Date Incorporated or Qualified
04/24/1985
4. FEI Number
59-2525611
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 608 Oakland Ave 28 PO Box 751
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
23 City & State 28 City & State
Oakland, FL Oakland, FL
24 Zip 25 Country 29 Zip 30 Country
34760 34760

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 David D. Braland
82 Street Address (P.O. Box Number is Not Acceptable) 1015 Glensprings Ave.
83
84 City Winter Garden FL 85 Zip Code 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 *David D. Braland*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALAND, DAVID D.	1.2 NAME	
STREET ADDRESS	1015 GLENSPRINGS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	
TITLE	OD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOMMARCHI, DAVID	2.2 NAME	
STREET ADDRESS	1390 SPRING RIDGE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALAND, DARRYL D.	3.2 NAME	
STREET ADDRESS	850 S BLUFORD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCCOE FL	3.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUFFIE, JAMES	4.2 NAME	
STREET ADDRESS	527 PITT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, IV V	5.2 NAME	D ALLEN, KIRKLAND
STREET ADDRESS	705 STINNET DR.	5.3 STREET ADDRESS	7353 Radiant Circle
CITY-ST-ZIP	OCCOE FL	5.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	O <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JAMES	6.2 NAME	
STREET ADDRESS	1217 BLUE SPRING CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCCOE FL	6.4 CITY-ST-ZIP	

14. 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 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 a address.

SIGNATURE *David D. Braland* 11-20-98 No 7-5117 9158

CR2E037 (10/97)