

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008634

FILED  
Apr 18, 2012  
Secretary of State

Entity Name: WARRIORS WORSHIP MINISTRIES, INC

## Current Principal Place of Business:

5945 DEL LAGO CIRCLE  
APT. 303, BLDG # 4  
SUNRISE, FL 33313 US

## New Principal Place of Business:

2721 NW 38 TERRACE  
LAUDERDALE LAKES, FL 33311 US

## Current Mailing Address:

5945 DEL LAGO CIRCLE  
APT. 303, BLDG # 4  
SUNRISE, FL 33313 US

## New Mailing Address:

P.O. BOX 8721  
FORT LAUDERDALE, FL 33310

FEI Number: 04-3601331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LAWSON, ROBERT V SR.  
5945 DEL LAGO CIRCLE  
APT. # 303  
SUNRISE, FL 33313 US

## Name and Address of New Registered Agent:

LAWSON, ROBERT V SR.  
2721 NW 38 TERRACE  
LAUDERDALE LAKES, FL 33311 US

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.

SIGNATURE: ROBERT LAWSON

04/18/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP  
Name: LAWSON, ROBERT V SR.  
Address: 2721 NW 38 TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: DS  
Name: LAWSON, SHIRLEY M  
Address: 2721 NW 38 TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33311 UN

Title: DT  
Name: HAASE, STEADMAN  
Address: 4260 NW 69 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D  
Name: HYLTON, WORRELL  
Address: 3031 NW 7 ST  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D  
Name: LAWSON, PAUL  
Address: 2012 YORKTOWNE DRIVE  
City-St-Zip: VALPARAISO, IN 46383

Title: D  
Name: COLLYMORE, CARLISLE  
Address: 7041 ENVIRON BLVD, APT.#428  
City-St-Zip: LAUDERHILL, FL 33311

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT LAWSON

DP

04/18/2012

Electronic Signature of Signing Officer or Director

Date