

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91285 032 ****70.00

DOCUMENT # N02000004342

1. Entity Name

WEAPONS OF WAR PRAYER INTERNATIONAL
MINISTRIES, INC.



Principal Place of Business

422 SW 27 TERRACE
FORT LAUDERDALE FL 33312

Mailing Address

422 SW 27 TERRACE
FORT LAUDERDALE FL 33312

2. Principal Place of Business

2500 W. Oakland Park Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2456/2458

City & State

Ft. Lauderdale, Fla.

City & State

City & State

Zip

33311

Country

Broward

Zip

Country

Country

Country

4. FEI Number

56-2283697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, APOSTLE B
422 SW 27 TERRACE
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME SMITH, COLLEY
STREET ADDRESS 3275 NW 44 STREET UNIT 5
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE **D** ☐ Delete
NAME SMITH, TRACEY
STREET ADDRESS 3275 NW 44 STREET UNIT 5
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE **D** ☐ Delete
NAME GOMBAR, RITA
STREET ADDRESS 1220 ADAMS STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE **DC** ☐ Delete
NAME EDWARDS, CHERYL
STREET ADDRESS 170 N.W. 33RD AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☐ Change ☒ Addition
NAME Barbara Watson
STREET ADDRESS 422 S.W. 27th Terrace
CITY-ST-ZIP Ft. Lauderdale Fla. 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04

Date

954-822-6684

Daytime Phone #