

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004342

FILED
Mar 27, 2006
Secretary of State

Entity Name: WEAPONS OF WAR PRAYER INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

2500 W OAKLAND PARK BLVD.
2456-2458
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

1296 NW 31ST AVENUE
SUITE D
FORT LAUDERDALE, FL 33311

Current Mailing Address:

422 SW 27 TERRACE
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 56-2283697 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, COLLEY
Address: 3275 NW 44 STREET UNIT 5
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: SMITH, TRACEY
Address: 3275 NW 44 STREET UNIT 5
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: GOMBAR, RITA
Address: 1220 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: DC () Delete
Name: EDWARDS, CHERYL
Address: 170 N.W. 33RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DC () Delete
Name: WATSON, BARBARA
Address: 422 SW 27TH TERR.
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA WATSON

DC

03/27/2006

Electronic Signature of Signing Officer or Director

Date