

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007387

**FILED  
Feb 21, 2004  
Secretary of State**

**Entity Name:** MIGHTY WARRIORS PROPHETIC MINISTRIES, INC.

**Current Principal Place of Business:**

1333 DON CARLOS TRAIL  
DELTONA, FL 32725

**New Principal Place of Business:**

1725 S. US 17-92  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1333 DON CARLOS TRAIL  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 56-1771899      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKER, GINA P  
1333 DON CARLOS TRAIL  
DELTONA, FL 32725      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: P      ( ) Delete  
Name: PARKER, REGINALD L  
Address: 1333 DON CARLOS TRAIL  
City-St-Zip: DELTONA, FL 32725

Title: S      ( ) Delete  
Name: ANTHONY, ELDRIDGE  
Address: 1059 GALGANO AVE  
City-St-Zip: DELTONA, FL 32725

Title: TREA      ( ) Delete  
Name: PARKER, GINA  
Address: 1333 DON CARLOS TRAIL  
City-St-Zip: DELTONA, FL 32725

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GINA P PARKER

T

02/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date