

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000459

FILED
Jan 26, 2004
Secretary of State**Entity Name:** WARRIORS'FAITH OF DELIVERENCE LIFE ENRICHMENT CENTER OF R.F.C.M., INC.**Current Principal Place of Business:**4318 W.BROWARD BLVD
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PLANTATION, FL 33317**New Principal Place of Business:****Current Mailing Address:**4318 W.BROWARD BLVD
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PLANTATION, FL 33317**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAMPBELL, MONICA F
4318 W. BROWARD BLVD
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PLANTATION, FL 33317 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: SMITH, LINDA A
Address: 3110 HOUSTON STREET
City-St-Zip: FT.LAUDERDALE, FL 33312**Title:** VT () Delete
Name: DILLARD, JANICE L
Address: 111100 N.W. 23 COURT
City-St-Zip: CORAL SPRINGS, FL 33065**Title:** T () Delete
Name: CAMPBELL, LEROY A
Address: 1041 ARIZONA AVE
City-St-Zip: FT. LAUDERDALE, FL 33312**Title:** T () Delete
Name: SMITH, MONICA
Address: 111 N.W.28TH WAY
City-St-Zip: FTLAUDERDALE, FL 33311**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:

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: LEROY CAMPBELL

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01/26/2004

Electronic Signature of Signing Officer or Director

Date