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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007787

1. Entity Name
SPIRITUAL WARFARE CHURCH & TRAINING INSTITUTE CENTRAL, INC.

Principal Place of Business	Mailing Address
10298 NW 46TH STREET SUNRISE, FL 33351	P.O. BOX 450606 SUNRISE, FL 33345

04252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	5349 N. Nob Hill Rd Suite, Apt. #, etc.
City & State	City & State: Sunrise
Zip / Country	Zip: 33351 / Country: USA

4. FEI Number 30-0262528 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCRAY, CHRISTOPHER H 10298 NW 46TH STREET SUNRISE, FL 33351	Name: CaLana L Humes Street Address (P.O. Box Number is Not Acceptable): 8201 NW 100th Dr City: Tamarac FL Zip Code: 33321

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: CaLana L Humes 6.13.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCCRAY, CHRISTOPHER H 6404 W COLONIAL DR ORLANDO, FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUMES, CALANA L. 8201 NW 100TH DR TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHIPMAN, DEBORAH 781 GALLOP DR LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T McCray, Deborah 9397 Sailin Leaf Place Parkland FL 33076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Moton, Glenda 1430 NE 151st Street N. Miami Beach FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: CaLana L Humes 6.13.07 954.709.2921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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