FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:15

DOCUMENT # N04100 (6)

1. Corporation Name
SPIRITUAL WARFARE MINISTRIES, INC.

Principal Place of Business	Mailing Address
777 CARPENTERS WAY P.O.BOX 90909 LAKELAND FL 33804-7909	777 CARPENTERS WAY P.O.BOX 90909 LAKELAND FL 33804-7909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1984
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2470068 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 IMPERIAL CROWN CENTER	26 P.O. BOX 90909
Suite, Apt. #, etc. 22 5925 IMPERIAL PKWY SUITE# 104	Suite, Apt. #, etc. 27
City & State 23 MULBERRY FL	City & State 28 LAKELAND FL
Zip / Country 24 33860 / 25 USA	Zip / Country 29 33804- / 30 USA

9. Name and Address of Current Registered Agent

CURTIS, KENNETH A.
75 COUNTRY CLUB LANE
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: KENNETH A. CURTIS /Kenneth A. Curtis 2/12/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D ☐ Change ☑ Addition
NAME	CURTIS, KENNETH A.	1.2 NAME	Mowrey, Robert
STREET ADDRESS	75 COUNTRY CLUB LANE	1.3 STREET ADDRESS	828 Winnie Lane
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	Lakeland, FL 33813-2081
TITLE	D	2.1 TITLE	D ☐ Change ☑ Addition
NAME	CURTIS, NANCY	2.2 NAME	Mowrey, Diane
STREET ADDRESS	75 COUNTRY CLUB LANE	2.3 STREET ADDRESS	828 Winnie Lane
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	Lakeland, FL 33813-2081
TITLE	D	3.1 TITLE	D ☐ Change ☑ Addition
NAME	~~WHITE, NORMAN~~	3.2 NAME	Meroney, Ronald
STREET ADDRESS	~~225 CAMPBELL AVE~~	3.3 STREET ADDRESS	1101 Mendonza Rd,
CITY-ST-ZIP	~~LAKE WALES FL~~	3.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE		4.1 TITLE	D ☐ Change ☑ Addition
NAME		4.2 NAME	Meroney, Carol
STREET ADDRESS		4.3 STREET ADDRESS	1101 Mendonza Rd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: /Kenneth A. Curtis KENNETH A. CURTIS 2/12/95 813-646-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres + Director Date Daytime Phone #