

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004573

FILED  
Sep 05, 2006  
Secretary of State

**Entity Name:** WAR SURVIVORS MINISTRIES, INC.

**Current Principal Place of Business:**

114 LESLIE AVE  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

114 LESLIE AVE  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 26-0117252      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SCHADRAC, BINYENZI B  
114 LESLIE AVE  
WINTER HAVEN, FL 33880      US

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: DOLDE, DONAVAN  
Address: 921 HILLGROVE LANE  
City-St-Zip: AUBURNDALE, FL 33823

Title: D      ( ) Delete  
Name: FENNEL, JUSTIN DR  
Address: 1111 CANDLEWOOD DR  
City-St-Zip: LAKELAND, FL 33813

Title: D      ( ) Delete  
Name: SMALL, JOHN  
Address: 6723 WOODSIDE CT  
City-St-Zip: LAKELAND, FL 33813

Title: D      ( ) Delete  
Name: ROBINSON, JESSIE  
Address: 1205 ALAMEDA PLACE  
City-St-Zip: LAKELAND, FL 33805

Title: D      ( ) Delete  
Name: BOMAN, WILLARD  
Address: 113 SANDBURG LN  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D      ( ) Delete  
Name: SCHADRAC, JOY  
Address: 114 LESLIE AVE  
City-St-Zip: WINTER HAVEN, FL 33880

**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:

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: BEN SCHADRAC

P

09/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date