

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004573

FILED
May 11, 2007
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:

330 AVE B SW
10
WINTER HAVEN, FL 33880

Current Mailing Address:

114 LESLIE AVE
WINTER HAVEN, FL 33880

New Mailing Address:

330 AVE B SW
10
WINTER HAVEN, FL 33880

FEI Number: 26-0117252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

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

Name and Address of New Registered Agent:

SCHADRAC, BINYENZI B
330 AVE B SW
10
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: _____

05/11/2007

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: FENNELL, 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 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

MR.

05/11/2007

Electronic Signature of Signing Officer or Director

Date