


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000000775

1. Entity Name
WARRIORS FOR CHRIST TRAINING CENTER CHURCH INC.



Principal Place of Business
**4505 HOOD AVE.
 TITUSVILLE, FL 32780**

Mailing Address
**4505 HOOD AVE.
 TITUSVILLE, FL 32780**

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4. FEI Number
84-1698302

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARSHALL WONDERLY
 4505 HOOD AVE.
 TITUSVILLE, FL 32780**

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, ERIC PASTOR 4505 HOOD AVE. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, WONDERLY 4505 HOOD AVE. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POVELITE, IRVING 2712 PALM ISLE WAY ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POVELITE, PATRICIA 2712 PALM ISLE WAY ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, GERALD 3220 ARGYLE RD. TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000789455
 01/22/08-80026-011 61.25

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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: Wonderly Marshall - Wonderly Marshall 1-15-08 321-265-4080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #