

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90018 003 ****61.25

DOCUMENT # N06000010180 1. Entity Name WORD WARRIORS MINISTRIES, INC.			
Principal Place of Business 4850 NORTH STATE RD 7 UNIT G 105 LAUDERDALE LAKES, FL 33319		Mailing Address 4850 NORTH STATE RD 7 UNIT G 105 LAUDERDALE LAKES, FL 33319	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 4701 NW 98th way Coral Springs Florida 33076 USA	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip 	Country 	Zip 	Country
6. Name and Address of Current Registered Agent JUNE, MINNIE D 4701 NW 98TH WAY CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JUNE, MINNIE D 4701 NW 48TH WAY CORAL SPRINGS, FL 33076	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition P JUNE, MINNIE 4701 NW 98th way Coral Springs, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JUNE, CURTIS E 4701 NW 48TH WAY CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WRIGHT, EMMA 661 SW 29TH AVE FT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FLICKLIN, LULA 9900 SUNRISE LAKES BLVD. BLDG APT 203 SUNRISE, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PATTERSON, ELAINE 1128 NW 3RD ST APT.3 FT. LAUDERDALE, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: Minnie D. June **MINNIE D. JUNE** 954-820-1053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #