

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003598 (0)

1. Corporation Name

WARRIORS OF LIGHT MINISTRIES, INC.



Principal Place of Business

7632 NW 5TH ST #11-2D
PLANTATION FL 33324

Mailing Address

7632 NW 5TH ST #11-2D
PLANTATION FL 33324

3. Date Incorporated or Qualified
08/06/1993

3a. Date of Last Report
06/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **2713 N.W. 119 Terrace**
Suite, Apt. #, etc.

26 **2713 N.W. 119 Terrace**
Suite, Apt. #, etc.

4. FEI Number
65-0429565

Applied For
Not Applicable

22
City & State
Coral Springs FL

27
City & State
Coral Springs FL

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

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

23
Zip
33065

28
Zip
33065

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24
Country
Broward

29
Country
Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, BYRON
7632 NW 5TH ST #11-2D
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GLOVER, JENNIE	
STREET ADDRESS	2713 NW 119TH TERRACE	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLOVER, SAM	
STREET ADDRESS	2713 NW 119TH TERRACE	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PERRY, BYRON	
STREET ADDRESS	7632 NW 5TH ST. #11-2D	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFITH, BARBARA	
STREET ADDRESS	7632 NW 5TH ST. #11-2D	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	DPAS	<input type="checkbox"/> DELETE
NAME	MCKENZIE, E.J.	
STREET ADDRESS	PANARAMA CHRISTIAN CENTER 4760 NW 167 ST.	
CITY - ST - ZIP	MIAMI FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCAVONE, AL	
STREET ADDRESS	ABUNDANT LIF CHRIS-CENTER, 1490 BANKS RD.	
CITY - ST - ZIP	MARGATE FL 33063	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

Jennie Glover / Jennie Glover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96
Date

954-255-4812
Daytime Phone #

CR2E037 (12/95)