

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # N93000003598 (0)

1. Corporation Name

WARRIORS OF LIGHT MINISTRIES, INC.

Principal Place of Business

2713 N.W. 119TH TERRACE
CORAL SPRINGS FL 33065
US

Mailing Address

2713 N.W. 119TH TERRACE
CORAL SPRINGS FL 33065
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0429565

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No *None due*

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GLOVER, JENNIE
STREET ADDRESS 2713 NW 119TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VP ☐ DELETE

NAME GLOVER, SAM
STREET ADDRESS 2713 NW 119TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VP ☐ DELETE

NAME PERRY, BYRON
STREET ADDRESS 7632 NW 5TH ST.#11-2D
CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☐ DELETE

NAME GRIFFITH, BARBARA
STREET ADDRESS 7632 NW 5TH ST.#11-2D
CITY-ST-ZIP PLANTATION FL 33324

TITLE DPAS ☐ DELETE

NAME MCKENZIE, E.J.
STREET ADDRESS PANARAMA CHRISTIAN CENTER 4760 NW 167 ST.
CITY-ST-ZIP MIAMI FL 33014

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE REQUIRED

CR2E037 (4/97)