

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 10 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003598 (0)

1. Corporation Name

WARRIORS OF LIGHT MINISTRIES, INC.

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

08/06/1993

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE VP ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DPAS ☐ DELETE

NAME MCKENZIE, E.J.  
STREET ADDRESS PANARAMA CHRISTIAN CENTER 4780 NW 167 ST.  
CITY-ST-ZIP MIAMI FL 33014

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SCAVONE, AL  
STREET ADDRESS ABUNDANT LIF CHRIS-CENTER, 1490 BANKS RD.  
CITY-ST-ZIP MARGATE FL 33063

2.2 NAME ☐ Change ☐ Addition

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/02/98 954-755-4812  
Date Daytime Phone #

CR2E037 (5/98)