

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90050 044 \*\*\*\*61.25

0063338

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000005291**

1. Corporation Name

**WARRIORS FOR CHRIST, INC.**

Principal Place of Business

7500 N.E. 24 LOOP  
HIGH SPRINGS FL 32643

Mailing Address

7500 N.E. 24 LOOP  
HIGH SPRINGS FL 32643



2. Principal Place of Business

21 7500 NE 24 LOOP  
Suite, Apt. #, etc.

2a. Mailing Address

26 7500 NE 24 LOOP  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/12/1993

4. FEI Number

63-0484828

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DEANE, JOHN T REV 24 7500 NE 24 LOOP  
7500 N.E. 24 LOOP  
HIGH SPRINGS FL 32643  
High Springs  
32643

10. Name and Address of New Registered Agent

81 Name John T. DEANE  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 7500 NE 24 LOOP  
84 City High Springs FL 85 Zip Code 32643

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

*John T. Deane*  
Signature, typed or printed name of registered agent and title, if applicable.

John T. DEANE 2-9-99  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTTD	<input type="checkbox"/> DELETE
NAME	DEANE, JOHN T	
STREET ADDRESS	7500 N.E. 24 LOOP	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	HOUCHINS, RONALD W	
STREET ADDRESS	5620 BUCHANAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAIMAN, ALLAN	
STREET ADDRESS	114 BEDFORD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEANE, DONALD P	
STREET ADDRESS	7709 NE 24	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEANE, MONTY EMIL	
STREET ADDRESS	914 N.E. 8 STREET	
CITY-ST-ZIP	HALLANDALE FL 33009-2627	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WUCHER, PHYLLIS K	
STREET ADDRESS	114 BEDFORD	
CITY-ST-ZIP	HALLANDALE FL 33009	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kaiman Allan
1.3 STREET ADDRESS	114 Bed'Ford
1.4 CITY-ST-ZIP	Hallandale FL 33009
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wucher, PHYLLIS K
2.3 STREET ADDRESS	114 Bed'Ford
2.4 CITY-ST-ZIP	Hallandale FL 33009
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RON Houchins, W
3.3 STREET ADDRESS	114 Bed'Ford
3.4 CITY-ST-ZIP	Hallandale 33009
4.1 TITLE VTSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JENNY ANN DEANE
4.3 STREET ADDRESS	7500 NE 24 LOOP
4.4 CITY-ST-ZIP	High Springs FL 32643
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 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, with all other like empowered.

SIGNATURE:

*John T. Deane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99 904-454-5283  
Date Daytime Phone #

CR2E037 (1/98)