

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005291

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0484828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEANE, JOHN T
7500 N.E. 24 LOOP
HIGH SPRINGS FL 32643

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTTD	<input type="checkbox"/> Delete
NAME	DEANE, JOHN T	
STREET ADDRESS	7500 NE 24 LOOP	
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	VTSD	<input type="checkbox"/> Delete
NAME	DEANE, JENNY ANN	
STREET ADDRESS	7500 N.E. 29 LOOP	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEANE, DONALD P	
STREET ADDRESS	7709 N.E. 24	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Curran	
STREET ADDRESS	3512 Gleaves Ct.	
CITY-ST-ZIP	Apopka, FL. 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: **SIGNATURE REQUIRED:**

5-1-01 904-454-5283

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91158 031 ****61.25

553717



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)