

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90698 022 ****61.25

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

102 NE 10 AVE

Suite, Apt. #, etc.

B-1-7

City & State

Gainesville FL

Zip

32601

Country

USA

3. Mailing Address

7500 NE 24 LOOP

Suite, Apt. #, etc.

High Springs

City & State

FL

Zip

32643

Country

USA



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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 when 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTTD
 DEANE, JOHN T
 7500 NE 24 LOOP
 HIGH SPRINGS FL 32643 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 DEANE, MONTY EMIL
 914 N.E. 8 STREET
 HALLANDALE FL 33009-2627 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VTSD
 DEANE, JENNY ANN
 7500 N.E. 29 LOOP
 HIGH SPRINGS FL 32643 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 DEANE, DONALD P.
 7709 N.E. 24
 HIGH SPRINGS FL 32643 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 CURRAN, JOHN
 3512 GLEAVES CT
 APOKA FL 32703 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 RON CURRAN
 3512 GLEAVES CT.
 APOKA FL 32703 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (9/01)