2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/1

FILED
Aug 24, 2004 8:00 am
Secretary of State
08-12-2004 90006 010 ****71.00

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DOCUMENT # N93000005291

1. Entity Name
WARRIORS FOR CHRIST, INC.

Principal Place of Business	Mailing Address
102 NE 10 AVE. B-1-7 GAINESVILLE, FL 32601	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

08092004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John T. Deane 8-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	VISD Jim McClellan 2919 NW 42 Terr Gainesville FL 32606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEANE, MONTY EMIL ~~514 N.E. 6 STREET~~ HALLANDALE, FL 330092627	☐ Delete Change Address	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEANE MONTY 720 SW 111 Ave S-304 Pem Broke Pines 33025	☐ Change ☑ Addition
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	DIR Cripe Michele 5509 NW 23rd Terrace Gainesville, Fl 32653	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEGELMANN, HARALD W 1810 NE 23RD BLVD S-258 GAINESVILLE, FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: John T. Deane 8-20-04 352-374-8734
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR DATE Daytime Phone #