## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005291

City-St-Zip:

FILED May 08, 2006 Secretary of State

Entity Name: WARRIORS FOR CHRIST, INC. **Current Principal Place of Business: New Principal Place of Business:** 102 NE 10 AVE. S-14 GAINESVILLE, FL 32601 **New Mailing Address: Current Mailing Address:** 7500 N.E. 24 LOOP HIGH SPRINGS, FL 32643 FEI Number: 63-0484828 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEANE, JOHN T 7500 N.E. 24 LOOP HIGH SPRINGS, FL 32643 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTTD () Change () Addition () Delete DEANE, JOHN T Name: Name: 7500 NE 24 LOOP Address: Address: City-St-Zip: HIGH SPRINGS, FL 32643 City-St-Zip: Title: () Delete Title: DIR (X) Change ( ) Addition Name: DEANE, MONTY EMIL Name: DEANE, MONTY EMIL Address: 720 SW 111 AVE S-304 Address: 720 SW 111 AVE S-304 City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025 Title: **VTSD** () Delete Title: () Change () Addition BULATEWICZ, TONY Name: Name: 3501 SW ARCHER RD S-100 Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: DIR ( ) Delete Title: DIR (X) Change ( ) Addition Name: MCCANN, MICHAEL Name: KENNY, KEVIN Address: 2511 NE 3 PLACE Address: 24515 SW 61 ST PLACE City-St-Zip: GAINESVILLE, FL 32641 City-St-Zip: NEWBERRY, FL 32669 Title: () Delete Title: ( ) Change (X) Addition TAYLOR, TARA Name: Name: 4118 NE 1 TERR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

GAINESVILLE, FL 32609

SIGNATURE: JOHN T DEANE PTTD 05/08/2006