

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005291

FILED
May 29, 2008
Secretary of State

Entity Name: WARRIORS FOR CHRIST, INC.

Current Principal Place of Business:

102 NE 10 AVE.
S-14
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

102 NE 10 AVE
S-15
GAINESVILLE, FL 32601

New Mailing Address:

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
102 NE 10 AVE
S-15
GAINESVILLE, FL 32601 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:

Title: PTTD () Delete
Name: DEANE, JOHN T
Address: 102 NE 10 AVE S-15
City-St-Zip: GAINESVILLE, FL 32601

Title: DIR () Delete
Name: DEANE, MONTY EMIL
Address: 7771 NW 175 ST
City-St-Zip: MIAMI, FL 33015

Title: VTSD () Delete
Name: BULATEWICZ, TONY
Address: 3501 SW ARCHER RD S-100
City-St-Zip: GAINESVILLE, FL 32608

Title: DIR () Delete
Name: KENNY, KEVIN
Address: 24515 SW 61 ST PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: DIR () Delete
Name: PETERSON, CALLIE M
Address: 7131 NE 185 AVE
City-St-Zip: WILLISTON, FL 32696

Title: DIR () Delete
Name: BRENDIA, WOODY J
Address: 3643 NW 46 PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: CRAIG, JOHN
Address: 7493 NE 41 HWY
City-St-Zip: WILLISTON, FL 32696

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JD. _____

PRE' _____

05/29/2008 _____

Electronic Signature of Signing Officer or Director

Date