

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90205 037 *****70.00

DOCUMENT # N93000005291

1. Entity Name
WARRIORS FOR CHRIST, INC.



Principal Place of Business

**102 NE 10 AVE.
B-1-7
GAINESVILLE FL 32601**

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

SIGNATURE

Signature, in ink 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **Harald W. Kegelmann**
STREET ADDRESS **1810 NW 23 Bld. S-258**
CITY-ST-ZIP **Gainesville 32605**

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

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

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

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

TITLE **D** ☒ Delete
NAME **CURRAN, JOHN**
STREET ADDRESS **3512 GLEAVES CT**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **D** ☒ Delete
NAME **CURRAN, RON**
STREET ADDRESS **3512 GLEAVES CT.**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

5-1-03 352 374 873A

CR2E037 (10/02)