

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001717

FILED  
May 30, 2007  
Secretary of State

**Entity Name:** SPIRITUAL WARFARE CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

475 W DANIA BCH. BLVD.  
DANIA, FL 33004 US

**New Principal Place of Business:**

**Current Mailing Address:**

2347 HOOD STREET  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 65-0620292      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

BILLINGS, SALLIE  
2347 HOOD STREET  
HOLLYWOOD, FL 33020 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: D ( ) Delete  
Name: BILLINGS, SALLIE  
Address: 2347 HOOD STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: ANDERSON, IDA  
Address: 5100 HARRISON STREET  
City-St-Zip: HOLLYWOOD, FL

Title: T ( ) Delete  
Name: SPRY, PATTY M  
Address: 2544 SW 7TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: T ( ) Delete  
Name: SCOTT, JOSEPH A  
Address: 3101 N 72 TERR  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SALLIE BILLINGS

D

05/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date