2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2009
Secretary of State

DOCUMENT# N95000001717

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:

BILLINGS, SALLIE
2347 HOOD STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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

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

Title: T ( ) Delete
Name: BILLINGS, ARTHUR L
Address: 5440 FLETCHER ST
City-St-Zip: HOLLYWOOD, FL 33023

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:

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 08/16/2009
Electronic Signature of Signing Officer or Director Date