

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001389

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** WARRIORS FOR CHRIST MINISTRIES, INC.

**Current Principal Place of Business:**

16325 SW 288 STREET  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

16325 SW 288 STREET  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** 65-0736403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, MARIA  
28975 SW 194 AVE  
HOMESTEAD, FL 33030 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: PD ( ) Delete  
Name: DE LA TORRES, CONRAD PASTOR  
Address: 28975 SW 194 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: GARCIA, CHRIS  
Address: 16325 SW 288 STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: STD ( ) Delete  
Name: PEREZ, MARIA L  
Address: 28975 SW 194 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: VD ( ) Delete  
Name: DE LA TORRES, PATRICIA  
Address: 28975 SW 194 AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

**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: MARIA L PEREZ

STD

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date