


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002975 (7)

1. Corporation Name

WARFARE PLUS MINISTRIES, INCORPORATED



Principal Place of Business 10311 PENNYTREE PLACE TAMPA FL 33624	Mailing Address 10311 PENNYTREE PLACE TAMPA FL 33624
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3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

593450424

Applied For

Not Applicable

2. Principal Place of Business 21 11444 Cypress Park St. Suite, Apt. #, etc. 22 TAMPA. City & State 23 FL Zip 24 33624	2a. Mailing Address 26 4577 GUNN Hwy. 8 Suite, Apt. #, etc. 27 Suite # 206 City & State 28 TAMPA, FL Zip 29 33624 Country 30 Hillsborough
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5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOLLIS, CLAIRE
10311 PENNYTREE PLACE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

CLAIRE Hollis

82 Street Address (P.O. Box Number is Not Acceptable)

11444 Cypress Park Street

83

84 City

TAMPA

FL

85 Zip Code

33624

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE *(Signature)* (same)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HOLLIS, CLAIRE
STREET ADDRESS	10311 PENNYTREE PLACE
CITY-ST-ZIP	TAMPA FL 33624
TITLE	VD <input type="checkbox"/> DELETE
NAME	GOULET, VIRGINIA
STREET ADDRESS	2123 ZIPPERER ROAD
CITY-ST-ZIP	BRADENTON FL 34202
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	FOUNTAIN, JAMES E JR.
STREET ADDRESS	12318 WYCLIFF PLACE
CITY-ST-ZIP	TAMPA FL 33626
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLLIS, PAUL
STREET ADDRESS	10311 PENNYTREE PLACE
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D <input type="checkbox"/> DELETE
NAME	LIPE, TIMOTHY
STREET ADDRESS	10430 ROSEMOUNT
CITY-ST-ZIP	TAMPA FL 33624
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bobby GRAPENTHIN
1.3 STREET ADDRESS	5337 Rosewood Ct.
1.4 CITY-ST-ZIP	Sheffield Village, Ohio 44054
2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FAITH TYNDALL
2.3 STREET ADDRESS	4123 MURIEL PLACE
2.4 CITY-ST-ZIP	TAMPA, FL. 33614
3.1 TITLE	RD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLAIRE Hollis
3.3 STREET ADDRESS	11444 Cypress Park Street
3.4 CITY-ST-ZIP	TAMPA, FL. 33624 (Address Change)
4.1 TITLE	C.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PAUL Hollis
4.3 STREET ADDRESS	11444 Cypress Park Street
4.4 CITY-ST-ZIP	TAMPA, FL. 33624. (Address Change)
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *(Signature)* CLAIRE Hollis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/98 (813) 963-0242

CR2E037 (5/98)