

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90027 008 ****61.25

DOCUMENT # N97000002975

1. Entity Name

WARFARE PLUS MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

9457 W KENYON AVENUE
 TAMPA FL 33614
 US

4577 GUNN HWY
 SUITE #206
 TAMPA FL 33624
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3450424

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLLIS, CLAIRE
11444 CYPRESS PARK STREET
TAMPA FL 33624

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.

SIGNATURE

Signature, typed 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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME HOLLIS, CLAIRE
 STREET ADDRESS 11444 CYPRESS PARK STREET
 CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ Change ☒ Addition
 NAME MATTHEW CAMPBELL
 STREET ADDRESS 1020 E HAMILTON AVE.
 CITY-ST-ZIP TAMPA FL 33604

TITLE VD ☐ Delete
 NAME GOULET, VIRGINIA
 STREET ADDRESS 2123 ZIPPERER ROAD
 CITY-ST-ZIP BRADENTON FL 34202

TITLE D ☐ Change ☒ Addition
 NAME JOSHUA CAMPBELL
 STREET ADDRESS 10311 PENNYTREE PL.
 CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ Delete
 NAME GRAPENTHIN, BOBBY
 STREET ADDRESS 5337 ROSEWOOD CT
 CITY-ST-ZIP SHEFFIELD VILLAGE OH 44054

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

TITLE CD ☐ Delete
 NAME HOLLIS, PAUL
 STREET ADDRESS 11444 CYPRESS PARK STREET
 CITY-ST-ZIP TAMPA FL 33624

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

TITLE TD ☐ Delete
 NAME LIPE, TIMOTHY
 STREET ADDRESS 10439 ROSEMOUNT
 CITY-ST-ZIP TAMPA FL 33624

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

TITLE SD ☐ Delete
 NAME YACOBOZZI, CYNTHIA
 STREET ADDRESS 10311 PENNYTREE PLACE
 CITY-ST-ZIP TAMPA FL 33624

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:

Claire Hollis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02 (813)963-0242
 Date Daytime Phone #

CR2E037 (9/01)