

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000002975

FILED
Aug 31, 2005
Secretary of State

Entity Name: WARFARE PLUS MINISTRIES, INCORPORATED

Current Principal Place of Business:

3457 W KENYON AVENUE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

4577 GUNN HWY
SUITE #206
TAMPA, FL 33624 US

New Mailing Address:

3457 W KENYON AVENUE
TAMPA, FL 33614 US

FEI Number: 59-3450424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLIS, CLAIRE
11444 CYPRESS PARK STREET
TAMPA, FL 33624 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: CLAIRE HOLLIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: HOLLIS, CLAIRE
Address: 11444 CYPRESS PARK STREET
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: CAMPBELL, MATTHEW
Address: 1020 E HAMILTON AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: CAMPBELL, JOSHUA
Address: 7323 CANAL BLVD
City-St-Zip: TAMPA, FL 33615

Title: PRD () Delete
Name: HOLLIS, PAUL
Address: 11444 CYPRESS PARK STREET
City-St-Zip: TAMPA, FL 33624

Title: TD () Delete
Name: LIPE, TIMOTHY
Address: 10439 ROSEMOUNT
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: YACOBOZZI, CYNTHIA
Address: 10311 PENNYTREE PLACE
City-St-Zip: TAMPA, FL 33624

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
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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 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 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: CLAIRE HOLLIS

STD

08/31/2005

Electronic Signature of Signing Officer or Director

Date