


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90036 008 ****70.00

DOCUMENT # N97000002975 1. Entity Name WARFARE PLUS MINISTRIES, INCORPORATED					
Principal Place of Business 3457 W KENYON AVENUE TAMPA, FL 33614 US			Mailing Address 3457 W KENYON AVENUE TAMPA, FL 33614 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3450424	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOLLIS, CLAIRE 11444 CYPRESS PARK STREET TAMPA, FL 33624			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLIS, CLAIRE		NAME	Jim White	
STREET ADDRESS	11444 CYPRESS PARK STREET		STREET ADDRESS	118 BRICE AVE	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	ELYRIA, OH 44035	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, MATTHEW		NAME	Gene Bacon	
STREET ADDRESS	1020 E HAMILTON AVE		STREET ADDRESS	420 S. JEFFERSON	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	LITCHFIELD, IL 62056	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JOSHUA		NAME		
STREET ADDRESS	7323 CANAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE	PRD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIS, PAUL		NAME		
STREET ADDRESS	11444 CYPRESS PARK STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPE, TIMOTHY		NAME		
STREET ADDRESS	10439 ROSEMOUNT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YACOBOZZI, CYNTHIA		NAME		
STREET ADDRESS	10311 PENNYTREE PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Claire Hollis</i> CLAIRE HOLLIS			Date 4/6/08 (813) 9354673		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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