2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002975

FILED Jan 29, 2009 Secretary of State

Entity Name: WARFARE PLUS MINISTRIES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 3457 W KENYON AVENUE TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 3457 W KENYON AVENUE TAMPA, FL 33614 FEI Number: 59-3450424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLLIS, CLAIRE 11444 CYPRESS PARK STREET TAMPA, FL 33624 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOLLIS, CLAIRE Name: Name: 11444 CYPRESS PARK STREET Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: Title: (X) Change () Addition () Delete CAMPBELL, MATTHEW Name: CAMPBELL, MATTHEW Name: Address: 1020 E HAMILTON AVE Address: 10439 ROSEMOUNT DRIVE City-St-Zip: TAMPA, FL 33604 City-St-Zip: TAMPA, FL 33624 Title: () Delete Title: (X) Change () Addition CAMPBELL, JOSHUA CAMPBELL, JOSHUA Name: Name: Address: 7323 CANAL BLVD Address: 10311 PENNYTREE PLACE City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33624 Title: PRD () Delete Title: () Change () Addition Name: HOLLIS, PAUL Name: 11444 CYPRESS PARK STREET Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: () Change () Addition LIPE, TIMOTHY Name: Name: 10439 ROSEMOUNT Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: (X) Change () Addition YACOBOZZI, CYNTHIA YACOBOZZI, CYNTHIA Name: Name: Address: 10311 PENNYTREE PLACE Address: 11444 CYPRESS PARK STREET TAMPA, FL 33624 TAMPA, FL 33624 City-St-Zip: 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: CLAIRE HOLLIS STD 01/29/2009