

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002975

FILED  
Jan 07, 2010  
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:**

3457 W KENYON AVENUE  
TAMPA, FL 33614 US

**New Mailing Address:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOLLIS, PAUL  
Address: 11444 CYPRESS PARK STREET  
City-St-Zip: TAMPA, FL 33624

Title: D  
Name: CAMPBELL, MATTHEW  
Address: 10439 ROSEMOUNT DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: D  
Name: CAMPBELL, JOSHUA  
Address: 10311 PENNYTREE PLACE  
City-St-Zip: TAMPA, FL 33624

Title: ST  
Name: HOLLIS, CLAIRE  
Address: 11444 CYPRESS PARK STREET  
City-St-Zip: TAMPA, FL 33624

Title: D  
Name: LIPE, TIMOTHY  
Address: 10439 ROSEMOUNT  
City-St-Zip: TAMPA, FL 33624

Title: VD  
Name: YACOBOZZI, CYNTHIA  
Address: 11444 CYPRESS PARK STREET  
City-St-Zip: TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: CLAIRE HOLLIS

ST

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date