

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90092 019 \*\*\*\*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

**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

Zip

Country

Zip

Country

4. FEI Number **59-3450424**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLLIS, CLAIRE	
STREET ADDRESS	11444 CYPRESS PARK STREET	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GOULET, VIRGINIA	
STREET ADDRESS	2123 ZIPPERER ROAD	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAPENTHIN, BOBBY	
STREET ADDRESS	5337 ROSEWOOD CT	
CITY-ST-ZIP	SHEFFIELD VILLAGE OH 44054	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HOLLIS, PAUL	
STREET ADDRESS	11444 CYPRESS PARK STREET	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LIPE, TIMOTHY	
STREET ADDRESS	10439 ROSEMOUNT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YACOBOZZI, CYNTHIA	
STREET ADDRESS	10311 PENNYTREE PLACE	
CITY-ST-ZIP	TAMPA FL 33624	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW CAMPBELL	
STREET ADDRESS	1020 E HAMILTON AVE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSHUA CAMPBELL	
STREET ADDRESS	1823 CANAL BLVD	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	D (PR)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL HOLLIS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D (V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNTHIA YACOBOZZI	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D (SIT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIRE HOLLIS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **CLAIRE HOLLIS** 4/12/03 813 963-0242

CR2E037 (10/02)