

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90116 049 \*\*\*\*61.25

**DOCUMENT # N98000001743**

1. Corporation Name

**MISSION WARRIORS OF GOD MINISTRY, CORP.**

Principal Place of Business

**430 LOCK ROAD  
SUITE 85  
DEERFIELD BEACH FL 33442**

Mailing Address

**430 LOCK ROAD  
SUITE 85  
DEERFIELD BEACH FL 33442**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**30**  
Country

3. Date Incorporated or Qualified

**03/23/1998**

4. FEI Number

**65-0819517**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**DE SOUZA, NICOLAU M  
430 LOCK ROAD  
SUITE 85  
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**  
**MICOLAU MARTINS DE SOUZA**

STREET ADDRESS **430 LOCK ROAD, #85**

CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ DELETE

NAME **VD**  
**DE SOUZA, MARIA**

STREET ADDRESS **430 LOCK ROAD, #85**

CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ DELETE

NAME **TD**  
**DOS REIS, RUTH C**

STREET ADDRESS **9818 HARBOR OAKS LANE, #303**

CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE

NAME **SD**  
**PAES, RAQUEL**

STREET ADDRESS **1633 NW 9TH AVENUE, BLD 4 APT 21**

CITY-ST-ZIP **CORAL SPRINGS FL 33021**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **x** *Nicolau Martins de Souza* **DEERFIELD BEACH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x** **4/28/99**

Date

Daytime Phone #

CR2E037 (11/98)

0044804