

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005324

1. Entity Name

WARRIORS ON FIRE FOR CHRIST, DELIVARANCE INTERNA

Principal Place of Business

305 S.W. 4TH AVE.  
HOMESTEAD FL 33033

Mailing Address

15 N.E. 12TH AVE.  
HOMESTEAD FL 33030

2. Principal Place of Business

305 S.W. 4th Ave.

3. Mailing Address

15 NE 12th Ave.

Suite, Apt. #, etc.

Homestead, FL

Suite, Apt. #, etc.

Homestead, FL

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33030

Country

USA

Zip

33030

Country

USA

4. FEI Number

65-1011421

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINLEY, CRAIG  
15 N.E. 12TH AVE.  
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

Craig Finley  
Street Address (P.O. Box Number is Not Acceptable)

15 NE 12th Ave.

City

Homestead

FL

Zip Code

33030

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.

SIGNATURE

Craig Finley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/17/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FINLEY, CRAIG  
STREET ADDRESS 305 S.W. 4TH AVE.  
CITY-ST-ZIP HOMESTEAD FL 33033 ☐ Delete

TITLE CSD  
NAME JOHNSON, CHRISTINE  
STREET ADDRESS 305 S.W. 4TH AVE.  
CITY-ST-ZIP HOMESTEAD FL 33033 ☐ Delete

TITLE TD  
NAME GRIFFITH, AISHA  
STREET ADDRESS 305 S.W. 4TH AVE.  
CITY-ST-ZIP HOMESTEAD FL 33033 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V.P.  
NAME Vincent Finley  
STREET ADDRESS 305 S.W. 4th Ave.  
CITY-ST-ZIP Homestead, FL 33030 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

CRAIG FINLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/00 (305) 247-7165



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)