

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002329

**Entity Name:** THE WARRIOR CENTER, INC.**Current Principal Place of Business:**207 SW 2ND AVE  
OKEECHOBEE, FL 34974**Current Mailing Address:**PO BOX 1884  
OKEECHOBEE, FL 34973 US**FEI Number:** 47-3348120**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEEFE, ROBERT M JR  
207 SW 2ND AVE  
OKEECHOBEE, FL 34974 US*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**Officer/Director Detail :**

Title	P
Name	KEEFE, ROBERT M JR
Address	PO BOX 1884
City-State-Zip:	OKEECHOBEE FL 34973

Title	DIRECTOR
Name	PARRISH, TERRY
Address	PO BOX 1884
City-State-Zip:	OKEECHOBEE FL 34973

Title	DIRECTOR
Name	SANDERS, MICHELLE
Address	PO BOX 1884
City-State-Zip:	OKEECHOBEE FL 34973

Title	D
Name	KEEFE, BIANCA K
Address	PO BOX 1884
City-State-Zip:	OKEECHOBEE FL 34973

Title	DIRECTOR
Name	SANDERS, JOSH
Address	PO BOX 1884
City-State-Zip:	OKEECHOBEE FL 34973

*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:** ROBERT M KEEFE JR**PRESIDENT****04/30/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date