FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08267 (9)

1. Corporation Name
TOWER OF POWER MINISTRIES, INC.

Principal Place of Business	Mailing Address
P.O.BOX 1199 COCOA FL 32923	P.O.BOX 1199 COCOA FL 32923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2540492 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1525-A N. COCOA BLVD	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 COCOA, FL	28 City & State
24 Zip 32923 25 Country AMERICA	29 Zip 30 Country

5. Certificate of Status Desired XX **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETERSON, LOLITA D. 4370 FLOOD ST., COCOA FL 32927	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	SD	☐ Change XX Addition
NAME	PETERSON, LOLITA D.	1.2 NAME	DEBRA A. MARTIN	
STREET ADDRESS	4370 FLOOD ST.,	1.3 STREET ADDRESS	372 JOHNSON BLVD	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	COCOA, FL 32926	
TITLE	VTD	2.1 TITLE	VD	XX Change ☐ Addition
NAME	PETERSON, BILLY C.	2.2 NAME		
STREET ADDRESS	4370 FLOOD ST.,	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, PAULEAN ROBINSON	3.2 NAME		
STREET ADDRESS	2742 PAMLICO PL	3.3 STREET ADDRESS		
CITY-ST-ZIP	HARRISBURG NC	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	TD	XX Change ☐ Addition
NAME	BELTON, SABRINA R	4.2 NAME		
STREET ADDRESS	5695 GRAHAM ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, DEREK D	5.2 NAME		
STREET ADDRESS	3470 FLOOD ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lolita D Peterson LOLITA D. PETERSON (PRES.) APRIL 26, 1995 (407) 631-1261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0036462