2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# 714783

Entity Name: FIRST CHRISTIAN TOWERS INC.

Current Principal Place of Business:

745 AVENUE A, SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

745 AVENUE A, SW
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-1358916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARPER, ALLISON M
505 WASHINGTONIA COURT
BARTOW, FL 33880 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEESE, EVERETT
Address: 2219 PILAKLAKAHA AVENUE
City-St-Zip: AUBURNDALE,, FL 33823

Title: VP ( ) Delete
Name: STAACK, LOUIS
Address: P.O. BOX 9444
City-St-Zip: WINTER HAVEN, FL 33880

Title: DT ( ) Delete
Name: KNAPP, PAULINE
Address: 1699 MARSHALL ROAD
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete
Name: MELVIN, BARBARA
Address: 801 COUNTRY WAY NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: LEE-BLACKWELL, HEATHER
Address: 1817 6TH STREET SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: LARSON, RAY
Address: 215 KINGSHILL COURT
City-St-Zip: WINTER HAVEN, FL 33882

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STAACK, LOUIS
Address: P.O. BOX 9444
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LEE-BLACKWELL, HEATHER
Address: 1817 6TH STREET SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EVERET DEESE P 01/16/2007

Electronic Signature of Signing Officer or Director — Date