

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # 762186

**1. Entity Name
CHRISTIAN TOWERS, INC.**



**Principal Place of Business
3447 GREYSTONE CIR
ATLANTA, GA 30341 US**

**Mailing Address
PO BOX 450049
ATLANTA, GA 31145 US**



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2207417**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFITH, HAROLD
220 WEST 74TH PLACE
HIALEAH, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and filer. (Applicable)

(NOTE: If registered agent is required when registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REINHART, ROBERT L. 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN, JOSEPH F. 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GLENN, ELIZABETH C. 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, WILLARD 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAGAN, LARRY GAY 3447 GREYSTONE CIR ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-80030-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/nc Phone #

Joseph F. Glenn
Res. Joseph F. Glenn

1/16/07

770-496-0598