

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762186

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: CHRISTIAN TOWERS, INC.

**Current Principal Place of Business:**

3447 GREYSTONE CIR  
ATLANTA, GA 30341 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 450049  
ATLANTA, GA 31145 US

**New Mailing Address:**

FEI Number: 59-2207417      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFITH, HAROLD  
220 WEST 74TH PLACE  
HIALEAH, FL 33014 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: DV ( ) Delete  
Name: REINHART, ROBERT L.,  
Address: 3447 GREYSTONE CIR  
City-St-Zip: ATLANTA, GA

Title: PD ( ) Delete  
Name: GLENN, JOSEPH F.,  
Address: 3447 GREYSTONE CIR  
City-St-Zip: ATLANTA, GA

Title: DST ( ) Delete  
Name: GLENN, ELIZABETH C.,  
Address: 3447 GREYSTONE CIR  
City-St-Zip: ATLANTA, GA

Title: D (X) Delete  
Name: COLLINS, WILLARD,  
Address: 3447 GREYSTONE CIR  
City-St-Zip: ATLANTA, GA

Title: D (X) Delete  
Name: REAGAN, LARRY GAY,  
Address: 3447 GREYSTONE CIR  
City-St-Zip: ATLANTA, GA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH F. GLENN

DP

02/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date