## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002155

Entity Name: STRONG TOWER MINISTRIES, INC.

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 17037 SOUTH DIXIE HWY. MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 10771 S.W. 154 STREET MIAMI, FL 33157 FEI Number: 65-1014873 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHEW, LEON E 10771 S.W. 154TH ST. MIAMI, FL 33157 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CHEW, LEON E Name: Name: Address: 10771 S.W. 154TH ST. Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: FLEMING, SERETHA Name: ANCRUM, ANTHONY L SR Address: 14820 S.W. 106TH AVENUE Address: 16641 SW 104TH AVE City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: (X) Change ( ) Addition DALLAS, ALFRED J RICHARDSON, JENNIFER Name: Name: 18090 SW 134 CRT 14830 SW 149TH AVE, Address: Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33196 Title: () Delete Title: ( ) Change (X) Addition Name: Name: DALLAS, MICHAEL D Address: Address: 900 NE 18TH AVE. APT-5 City-St-Zip: City-St-Zip: HOMESTEAD, FL 33030 D

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEON E. CHEW D 04/30/2004