2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005577

1. Entity Name

STRONG TOWER MINISTRIES INTERNATIONAL, INC.



FILED Jan 13, 2006 08:00 AM Secretary of State

Principal Place of Business

1321 SE 29TH ST CAPE CORAL, FL 33904 Mailing Address

1321 SE 29TH ST CAPE CORAL, FL 33904

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01052006 No Chg-NP	CR2E037 (11/05)
4. FEI Number	Applied For
65-1145132	Not Applicable
	00.75

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID R. WALSH 1321 SE 29TH ST. CAPE CORAL, FL 33904

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 little if	applicable. (NOTE: Registered Ager	t signature	required when reinstating)	DATE			
	Filing Fee Is \$61.25 Due by May 1, 2006	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECT	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, DAVID R 1321 SE 29TH STREET CAPE CORAL, FL 33904							
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D WALSH, VICTORIA 1321 SE 29TH STREET CAPE CORAL, FL 33904				U00000385175 01/18/06-80006-005 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURNTURE, KENNETH 1910 SE 16TH STREET CAPE CORAL, FL 33990			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					 .			
12. I hereby certify that the information supplied with this filling 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 comporation or the repetively of trusted emography to the supplemental 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.								