2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 31, 2003 8:00 am **Secretary of State** DOCUMENT # N0100005577 01-31-2003 90145 010 ****61.25 STRONG TOWER MINISTRIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 20021841 1321 SE 29TH ST 1321 SE 29TH ST CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1145132 Applied For Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARKHUFF, WALDO H Street Address (P.O. Box Number is Not Acceptable) 108 HISPANIOLA LANE **BONITA SPRINGS FL 34134** 1321 SV 33 H 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 ped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete TITLE ☐ Change Addition NAME WALSH, DAVID R NAME STREET ADDRESS 1321 SE 29TH STREET STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition WALSH, VICTORIA NAME NAME STREET ADDRESS 1321 SE 29TH STREET STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change : LAURNTURE, KENNETH NAME NAME STREET ADDRESS 1910 SE 16TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with his filing does not qualify 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 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 of the corporation or the rece changed, or on an attachmen

SIGNATURE:

FILED