

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003321

**FILED**  
**Oct 09, 2005**  
**Secretary of State**

**Entity Name:** TOWER OF REFUGE AND STRENGTH INC.

**Current Principal Place of Business:**

1918 SUE ANN STREET  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

1918 SUE ANN STREET  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 38-3652159      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

THOMPSON, KENTON  
1135 SADDLEHORN CIRCLE  
WINTER SPRINGS, FL 32708      US

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: KENTON THOMPSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ROMAN, EDWIN  
Address: 1918 SUE ANN STREET  
City-St-Zip: ORLANDO, FL 32817

Title: VD      ( ) Delete  
Name: ROMAN, WANDA I  
Address: 1918 SUE ANN STREET  
City-St-Zip: ORLANDO, FL 32817

Title: TD      ( ) Delete  
Name: VEGA, ABEL  
Address: 1901 TROPIC BAY COURT  
City-St-Zip: ORLANDO, FL 32807

Title: D      ( ) Delete  
Name: THOMPSON, KENTON  
Address: 1131 SADDLEHORN CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D      ( ) Delete  
Name: MARTIR, LUIS R JR  
Address: 2875 UNIVERSITY ACRES DR.  
City-St-Zip: ORLANDO, FL 32817

Title: DS      ( ) Delete  
Name: GARWOOD, ANDREA  
Address: 6129 BRYNWOOD STREET  
City-St-Zip: ORLANDO, FL 32822

**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:

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

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: ABEL VEGA

TD

10/09/2005

Electronic Signature of Signing Officer or Director

Date