

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003321

FILED
Apr 28, 2006
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 ()

Name and Address of Current Registered Agent:

THOMPSON, KENTON
1135 SADDLEHORN CIRCLE
WINTER SPRINGS, FL 32708 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: 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
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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 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: ABEL VEGA

TD

04/28/2006

Electronic Signature of Signing Officer or Director

Date