


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000003321	
1. Entity Name TOWER OF REFUGE AND STRENGTH INC.	

Principal Place of Business 1035 CALIFORNIA CREEK OVIEDO, FL 32765	Mailing Address 1035 CALIFORNIA CREEK OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-NP CR2E037 (4/08)

4. FEI Number 38-3652159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMPSON, KENTON
1135 SADDLEHORN CIRCLE
WINTER SPRINGS, FL 32708

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ROMAN, EDWIN 1035 CALIFORNIA CREEK OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ROMAN, WANDA I 1035 CALIFORNIA CREEK OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD VEGA, ABEL 1901 TROPIC BAY COURT ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D THOMPSON, KENTON 1131 SADDLEHORN CIRCLE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARTIR, LUIS R JR 18112 CADEN CT ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS GARWOOD, ANDREA 7938 BEAR CLAW RUN ORLANDO, FL 32825

U000000930574
05/21/08-80114-015 61.25

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12. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Abel Vega 4-21-08 407-658-2281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #