2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N02000003321

Entity Name: TOWER OF REFUGE AND STRENGTH INC.

Current Principal Place of Business:

1035 CALIFORNIA CREEK
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1035 CALIFORNIA CREEK
OVIEDO, FL 32765

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:	1035 CALIFORNIA CREEK	
City-St-Zip:	OVIEDO, FL 32765	
Title:	VD	( ) Delete
Name:	ROMAN, WANDA I	
Address:	1035 CALIFORNIA CREEK	
City-St-Zip:	OVIEDO, FL 32765	
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:	18112 CADEN CT	
City-St-Zip:	ORLANDO, FL 32820	
Title:	DS	( ) Delete
Name:	GARWOOD, ANDREA	
Address:	7938 BEAR CLAW RUN	
City-St-Zip:	ORLANDO, FL 32825	

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 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 04/10/2009

Electronic Signature of Signing Officer or Director — Date