## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000003321

Entity Name: TOWER OF REFUGE AND STRENGTH INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	ANN STREET ), FL 32817					
Current Mailing Address:				New Mailing Address:		
	ANN STREET ), FL 32817					
FEI Number:	38-3652159	FEI Number Applied For ( )	FEI Num	nber Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ROMAN, EDWIN REV. 1918 SUE ANN STREET ORLANDO, FL 32817				ARTRECHE, SANDRA K 335 GOOSECREEK DR WINTER SPRINGS, FL 32708		
The above in the State		submits this statement for the pu	ırpose of	changing it	s registered office or registered agent, or both,	
SIGNATURE: SANDRA K ARTRECHE				04/29/2003		
	Electron	ic Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ROMAN, EDWIN 1918 SUE ANN ORLANDO, FL	STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () ROMAN, WAND 1918 SUE ANN ORLANDO, FL	STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () VEGA, ABEL 1901 TROPICAI ORLANDO, FL			Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition VEGA, ABEL 1901 TROPIC BAY COURT ORLANDO, FL 32807	
Title: Name: Address: City-St-Zip:	D () ORTIZ, MERCE 1512 COUGAR WINTER SPRIN	COURT		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () MARTIR, LUIS F 2875 UNIVERSI ORLANDO, FL	TY ACRES DR.		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () GARWOOD, AN 6129 BRYNWO ORLANDO, FL	OD STREET		Title: Name: Address: City-St-Zip:	DS (X) Change ( ) Addition GARWOOD, ANDREA 6129 BRYNWOOD STREET ORLANDO, FL 32822	

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 04/29/2003

SANDRA K ARTRECHE DIRECTOR 335 GOOSECREEK DR WINTER SPRINGS, FL 32708