

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002681

FILED
Apr 27, 2008
Secretary of State

Entity Name: TOWER OF FAITH CHURCH OF GOD (7TH DAY), INCORPORATED

Current Principal Place of Business:

4425 POWERS DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

6336 POWERS POINTE CIR.
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 02-0657949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROSPERE, GODWIN
6336 POWERS POINT CIR.
ORLANDO, FL 32818 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: D () Delete
Name: PROSPERE, GODWIN PASTOR
Address: 6336 POWERS POINTE CIR
City-St-Zip: ORLANDO, FL 32818

Title: SD () Delete
Name: VICTOR, SYLVESTER C
Address: 2709 CLEARFIELD AVE.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: PROSPER, CANDIDA
Address: 6336 POWERS POINTE CIR.
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: FLOOD, DENNIS
Address: 4633 LA VISTA DR.
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: GREGORY, HARLOW C
Address: 1818 HASTING TER
City-St-Zip: ORLANDO, FL 32808

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: GODWIN PROSPERE

D

04/27/2008

Electronic Signature of Signing Officer or Director

Date