

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010955

FILED
May 08, 2008
Secretary of State

Entity Name: STRONG TOWER CENTER OF DELIVERANCE MINISTRIES INC.

Current Principal Place of Business:

2401 5TH STREET SOUTH
ST. PETERSBURG,, FL 33705

New Principal Place of Business:

Current Mailing Address:

1231 27TH AVENUE SOUTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 47-0945732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, SHWRONNE
1231 27TH AVENUE SOUTH
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

MILLER, ABRAM
1231 27TH AVENUE SOUTH
ST. PETERSBURG, FL 33705 US

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: ABRAM MILLER

05/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: MILLER, ABRAM
Address: 1231 27TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DAS () Delete
Name: MILLER, SHWRONNE
Address: 1231 27TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DT () Delete
Name: MILLER, SHAUNEE L
Address: 2209 63RD AVE S APT 317
City-St-Zip: ST PETERSBURG, FL 33712

Title: CH () Delete
Name: ARMSTRONG, ISAIAH
Address: 1202 SHONTA COURT
City-St-Zip: BRANDON, FL 33511

Title: ASEC () Delete
Name: BARNWELL, ERNISA
Address: 3631 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33711

Title: ATRE () Delete
Name: MERRITT, MELVIN
Address: P.O. BOX 2646
City-St-Zip: TAMPA, FL 33608

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 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: ABRAM MILLER

DPC

05/08/2008

Electronic Signature of Signing Officer or Director

Date