

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08267 (9)

1. Corporation Name

TOWER OF POWER MINISTRIES, INC.



Principal Place of Business

Mailing Address

1525-A N COCOA BLVD
COCOA FL 32923
US

P.O. BOX 1199
COCOA FL 32923

3. Date Incorporated or Qualified

03/20/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1541-A N. COCOA BLVD

26

4. FEI Number

59-2540492

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

24 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, LOLITA D.
4370 FLOOD ST.,
COCOA FL 32927

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTIN, DEBRA A	
STREET ADDRESS	372 JOHNSON BLVD	
CITY - ST - ZIP	COCOA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETERSON, BILLY C.	
STREET ADDRESS	4370 FLOOD ST.,	
CITY - ST - ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY, PAULEAN ROBINSON	
STREET ADDRESS	2742 PAMICO PL	
CITY - ST - ZIP	HARRISBURG NC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BELTON, SABRINA R	
STREET ADDRESS	5695 GRAHAM ST	
CITY - ST - ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, DEREK D	
STREET ADDRESS	3470 FLOOD ST	
CITY - ST - ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lolita D. Peterson

LOLITA D. PETERSON

6-6-96 407-631-1261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)