

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34081

FILED
Apr 24, 2008
Secretary of State

Entity Name: TOWER OF PRAISE, INC.

Current Principal Place of Business:

100 COUNTY ROAD
BIG PINE KEY, FL 33043 US

New Principal Place of Business:

Current Mailing Address:

100 COUNTY ROAD
BIG PINE KEY, FL 33043 US

New Mailing Address:

FEI Number: 65-0171867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOK, MITCHELL J
3700 NORTH ROOSEVELT BOULEVARD
SUITE I
KEY WEST, FL 33040 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: LAWES, STEVE
Address: 2361 PENSACOLA ROAD
City-St-Zip: BIG PINE KEY, FL

Title: D (X) Delete
Name: WHLGREN, TOM
Address: 29980 Balsa Lane
City-St-Zip: BIG PINE KEY, FL

Title: D (X) Delete
Name: BARBER, JOHN
Address: 2110 PALM BEACH ROAD
City-St-Zip: BIG PINE KEY, FL

Title: D () Delete
Name: SENECKE, FRANCIS X
Address: 1465 HAVELKA LANE
City-St-Zip: BIG PINE KEY, FL 33043

Title: D () Delete
Name: TRAVIS, BARRY
Address: 100 COUNTY ROAD
City-St-Zip: BIG PINE KEY, FL 33043

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:

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: STEVE LAWES

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date