

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 03, 2006 8:00 am
Secretary of State

04-06-2006 90013 018 ****61.25

DOCUMENT # N35324 1. Entity Name TOWER CHURCH, INC.					
Principal Place of Business 2902 S.W. 75TH ST GAINESVILLE, FL 32607-1730			Mailing Address 5303 SW 91 DRIVE SUITE 200 GAINESVILLE, FL 32608		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICHARD M. WHITE JR. 5303 SW 91 DRIVE GAINESVILLE, FL 32608			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLWELL, DONNA		NAME	Stilwell, Donna T	
STREET ADDRESS	9051 SW 90TH ST		STREET ADDRESS	9051 SW 90th St	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville, FL 32608 <i>Treasurer</i>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANNON, LEE T		NAME	Hughes, Cindy T	
STREET ADDRESS	2800 SW WILLISTON RD		STREET ADDRESS	11329 NW 33rd Ave	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville, FL 32606 <i>Secretary</i>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, TOM		NAME	Legree, Vernest T	
STREET ADDRESS	7922 SW 10TH AVE		STREET ADDRESS	9049 SW 100th Terr	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	Gainesville, FL 32608 <i>Vice-President</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DON		NAME	Thomas, Don T	
STREET ADDRESS	14818 SW 79TH ST		STREET ADDRESS	14818 SW 79th St	
CITY-ST-ZIP	ARCHER, FL 32618		CITY-ST-ZIP	Archer, FL 32618 <i>Vice-President</i>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	MCGEE, KAREN		NAME		
STREET ADDRESS	5903 SW 86HT ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Donna L. Stilwell</i> <i>2/13/06</i> <i>352-258-3252</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small>					