


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90076 009 ****61.25

DOCUMENT # N35324 1. Entity Name TOWER CHURCH, INC.			
Principal Place of Business 2902 S.W. 75TH ST GAINESVILLE, FL 32607		Mailing Address 5303 SW 91ST DRIVE SUITE 200 GAINESVILLE, FL 32608	
2. Principal Place of Business - No P.O. Box # 2902 SW 75 St Suite, Apt. #, etc.		3. Mailing Address 2902 SW 75th Street Suite, Apt. #, etc.	
City & State Gainesville FL Zip 32607		City & State Gainesville, FL 32607 Zip 32607	
Country USA		Country USA	
4. FEI Number 59-3006103		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD M. WHITE JR. 5303 SW 91 DRIVE GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name Dewitt Hughes Street Address (P.O. Box Number is Not Acceptable) 11329 NW 33 Avenue City Gainesville FL Zip Code 32607	
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 Dewitt Hughes DATE 03/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 VTS NAME STILWELL, DONNA STREET ADDRESS 9051 SW 90TH ST CITY-ST-ZIP GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE P NAME Vernest T. Legree STREET ADDRESS 1803 SW Hwy 27 CITY-ST-ZIP Ft. White, FL 32038	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME HUGHES, CINDY T STREET ADDRESS 11329 NW 33RD AVE CITY-ST-ZIP GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME LEGREE, VERNEST T STREET ADDRESS 9049 SW 100TH TERR CITY-ST-ZIP GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE D. NAME Amy Jo Coffey STREET ADDRESS 3932 NW 58 Avenue CITY-ST-ZIP Gainesville, FL 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME THOMAS, DON STREET ADDRESS 14818 SW 79TH ST CITY-ST-ZIP ARCHER, FL 32618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 03/19/08 Daytime Phone # 386-462-0408	

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