

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90061 021 \*\*\*\*70.00

**DOCUMENT # N98000007194**

1. Entity Name

**STRONG TOWER MISSION MINISTRIES AT SEVILLE, INC.**



Principal Place of Business

135 E PAULDING ST  
SEVILLE FL 32190

Mailing Address

P.O. BOX 553  
SEVILLE FL 32190  
05

34043580



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3568564

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRANTLEY, DORIS  
1648 BASS AVENUE  
SEVILLE FL 32190

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: C/D  
NAME: DILLIGARD, LARRY  
STREET ADDRESS: 323 BARADO ROAD  
CITY-ST-ZIP: SANFORD FL 32773 ☐ Delete

TITLE: VC/D  
NAME: NEALIS, PATRICK  
STREET ADDRESS: 100 E WASHINGTON AVE  
CITY-ST-ZIP: PIERSON FL 32180 ☐ Delete

TITLE: D  
NAME: HIELEMAN, RAY  
STREET ADDRESS: 3143 BOXELDER ST.  
CITY-ST-ZIP: DELTONA FL 32725 ☐ Delete

TITLE: D/Treasurer  
NAME: JONES, KATHY  
STREET ADDRESS: 1695 LK GEORGE RD  
CITY-ST-ZIP: SEVILLE FL 32190 ☐ Delete

TITLE: T/D  
NAME: ECKHARDT, SAM  
STREET ADDRESS: 1133 GLENWOOD ROAD  
CITY-ST-ZIP: DELAND FL 32720 ☒ Delete

TITLE: S/D  
NAME: GEORGE, CLARA  
STREET ADDRESS: POST OFFICE BOX 273  
CITY-ST-ZIP: SEVILLE FL 32190 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  
NAME: Francis Ford  
STREET ADDRESS: 762 Beach St  
CITY-ST-ZIP: Ormond, FL 32174 ☐ Change ☒ Addition

TITLE: D  
NAME: Carolyn Solomon  
STREET ADDRESS: 1 Carrington Lane  
CITY-ST-ZIP: Ormond Beach, FL 32174 ☐ Change ☒ Addition

TITLE: D  
NAME: Idella Reese  
STREET ADDRESS: 1850 Wilson St  
CITY-ST-ZIP: Seville, FL 32190 ☐ Change ☒ Addition

TITLE: D  
NAME: Willie L. Bentley  
STREET ADDRESS: 1814 Wilson St  
CITY-ST-ZIP: Seville, FL 32190 ☐ Change ☒ Addition

TITLE: D  
NAME: Cathy Felber  
STREET ADDRESS: 185 Lemon St  
CITY-ST-ZIP: Seville, FL 32190 ☐ Change ☒ Addition

TITLE: D  
NAME: Robert Gayton  
STREET ADDRESS: 675 Purvis Road  
CITY-ST-ZIP: Seville, FL ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kathryn W Jones Treasurer

Date

4/2/04

Daytime Phone #

386-325-3333