
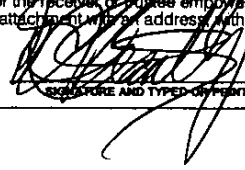


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90230 016 \*\*\*\*69.00

<b>DOCUMENT # N98000007194</b> 1. Entity Name <b>STRONG TOWER MISSION MINISTRIES AT SEVILLE, INC.</b>					
Principal Place of Business <b>123 E PAULDING ST SEVILLE, FL</b>			Mailing Address <b>P.O. BOX 553 SEVILLE, FL 32190</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3568564</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRANTLEY, DORIS 1648 BASS AVENUE SEVILLE, FL 32190</b>				7. Name and Address of New Registered Agent Name <b>BRANTLEY, DORIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>123 EAST PAULDING STREET SEVILLE, FL 32190</b> City <b>SEVILLE</b> <b>FL</b> Zip Code <b>32190</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D NEALIS, PATRICK 100 E WASHINGTON AVE. PIERSON, FL 32180</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC/D FELBER, CATHY 185 W. LEMON ST. SEVILLE, FL 32190</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC/D DILLIGARD, LARRY 323 BARADO RD. SANFORD, FL 32773</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRANTLEY, DORIS 123 EAST PAULDING ST SEVILLE, FL 32190</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HIELEMAN, RAY 3143 BOXELDER ST. DELTONA, FL 32725</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIE LENE BENTLEY 1825 WILSON ST SEVILLE, FL 32190</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D GEORGE, CLARA - P.O. BOX 273 SEVILLE, FL 32190</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IDELLA REESE 1850 WILSON ST SEVILLE, FL 32190</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FORD, FRANCIS 762 BEACH ST. ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GAYTON, ROBERT 675 PURVIS RD SEVILLE, FL 32190</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D CYD SNIDER 1591 HIGHWAY 17 SEVILLE, FL 32190</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOLOMON, CAROLYN 1 CARRINGTON LANE ORMOND BEACH, FL 32174</b>	
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.					
<b>SIGNATURE:</b> 			<b>DORIS I. BRANTLEY</b>		
APRIL 25, 2006 (386) 235-3140			Date Daytime Phone #		