

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002057

FILED
Jan 06, 2004
Secretary of State**Entity Name:** STRONG TOWER CHRISTIAN FELLOWSHIP, INC.**Current Principal Place of Business:**401 N NOVA ROAD
ORMOND BEACH, FL 321745125**New Principal Place of Business:****Current Mailing Address:**403 N NOVA ROAD
ORMOND BEACH, FL 321745125**New Mailing Address:**P.O. BOX 730193
ORMOND BEACH, FL 32173**FEI Number:** 59-3576730**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KING, SARAH
1305 FLEMING AVE
ORMOND BEACH, FL 32174 US**Name and Address of New Registered Agent:**STRICKLAND, LINDA G MRS.
60 TOMOKA MEADOWS BLVD.
ORMOND BEACH, FL 32174 US

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: LINDA G. STRICKLAND

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DURRANCE, ROBERT
Address: 1509 P STATE AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: DURRANCE, CHARLOTTE
Address: 1509 P STATE AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: EMMANUEL, CANDICE
Address: 939 CENTER AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: VP () Delete
Name: CALVESTER, EMMANUEL
Address: 939 CENTER AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: P () Delete
Name: STRICKLAND, PAUL
Address: 403 N NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 321745125

Title: T () Delete
Name: KING, SARAH
Address: 1305 FLEMING AVE
City-St-Zip: ORMOND BEACH, FL 32174

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:

Title: T (X) Change () Addition
Name: STRICKLAND, LINDA
Address: 60 TOMOKA MEADOWS BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL STRICKLAND

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date