

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002057

FILED  
Jan 12, 2006  
Secretary of State

**Entity Name:** STRONG TOWER CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

90 S RIDGEWOOD AVE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

90 S RIDGEWOOD AVE  
ORMOND BEACH, FL 32174 US

**Current Mailing Address:**

47 MARJORIE TRAIL  
ORMOND BEACH, FL 321748502

**New Mailing Address:**

47 MARJORIE TRAIL  
ORMOND BEACH, FL 321748502 US

**FEI Number:** 59-3576730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLAND, LINDA G MRS.  
47 MARJORIE TRAIL  
ORMOND BEACH, FL 321748502 US

**Name and Address of New Registered Agent:**

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:

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: 47 MARJORIE TRAIL  
City-St-Zip: ORMOND BEACH, FL 321748502

Title: T ( ) Delete  
Name: STRICKLAND, LINDA  
Address: 47 MARJORIE TRAIL  
City-St-Zip: ORMOND BEACH, FL 321748502

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DURRANCE, ROBERT  
Address: 1315 AVENUE D  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition  
Name: DURRANCE, CHARLOTTE  
Address: 1315 AVENUE D  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition  
Name: EMANUEL, CANDICE  
Address: 939 CENTER AVE  
City-St-Zip: HOLLY HILL, FL 32117

Title: VP (X) Change ( ) Addition  
Name: CALVESTER, EMANUEL  
Address: 939 CENTER AVE  
City-St-Zip: HOLLY HILL, FL 32117

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

01/12/2006

Electronic Signature of Signing Officer or Director

Date