

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2006
Secretary of State**

DOCUMENT# N99000002057

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