


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-16-2008 90017 026 ****70.00

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1. Entity Name
STRONG TOWER CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business
90 S RIDGEWOOD AVE
ORMOND BEACH, FL 32174 US

Mailing Address
47 MARJORIE TRAIL
ORMOND BEACH, FL 32174-8502 US

66013952



2. Principal Place of Business - No P.O. Box #
S.A.A.

3. Mailing Address
P.O. Box 343

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

05122008 Chg-NP CR2E037 (12/06)

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip Country
32174 VOLUSIA

4. FEI Number
59-3576730

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

STRICKLAND, LINDA G MRS.
47 MARJORIE TRAIL
ORMOND BEACH, FL 32174-8502

7. Name and Address of New Registered Agent

Name
Mrs. Jacqueline A. Davis

Street Address (P.O. Box Number is Not Acceptable)
~~P.O. Box 343~~ **99A WHEATFIELD Drive**

Palm Coast, FL 32164

City ~~Ormond Beach~~ **FL** Zip Code ~~32174~~ **32174**

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 *Mrs. Jacqueline A. Davis* DATE **5/12/08**

Signature, typed or printed (name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **September 12, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURRANCE, ROBERT 1315 AVENUE D ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURRANCE, CHARLOTTE 1315 AVENUE D ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMANUEL, CANDICE 939 CENTER AVE HOLLY HILL, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALVESTER, EMANUEL 939 CENTER AVE HOLLY HILL, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, PAUL 47 MARJORIE TRAIL ORMOND BEACH, FL 321748502 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRICKLAND, LINDA 47 MARJORIE TRAIL ORMOND BEACH, FL 321748502 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		PASTOR DAVIS, James Lester Sr. P.O. Box 343 Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Treasurer Jacqueline A. Davis P.O. Box 343 Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *James Lester Davis Sr* DATE: **JAMES LESTER DAVIS SR 5/12/08 386-569-8314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #