

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002057

FILED
Jul 02, 2009
Secretary of State

Entity Name: STRONG TOWER CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

90 S RIDGEWOOD AVE
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 343
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-3576730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, JACQUELINE A MRS
99A WHEATFIELD DR
PALM COAST, FL 32164 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: 1315 AVENUE D
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

Title: P () Delete
Name: DAVIS, JAMES L SR
Address: P O BOX 343
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: DAVIS, JACQUELINE A
Address: PO BOX 343
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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE A DAVIS

RA

07/02/2009

Electronic Signature of Signing Officer or Director

_____ Date