

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002057

FILED
Mar 23, 2012
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 ()

Name and Address of Current Registered Agent:

DAVIS, JACQUELINE A MRS
94 S. RIDGEWOOD AVE.
ORMOND BEACH, FL 32174 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
Name: DURRANCE, ROBERT
Address: 1315 AVENUE D
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

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

Title: T
Name: DAVIS, JACQUELINE A
Address: PO BOX 343
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: JAMES L. DAVIS SR.

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03/23/2012

Electronic Signature of Signing Officer or Director

Date