

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002057

Entity Name: STRONG TOWER CHRISTIAN FELLOWSHIP, INC.**Current Principal Place of Business:**90 S RIDGEWOOD AVE
ORMOND BEACH, FL 32174**Current Mailing Address:**PO BOX 343
ORMOND BEACH, FL 32174 US**FEI Number:** 59-3576730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, JACQUELINE AMRS
94 S. RIDGEWOOD AVE.
ORMOND BEACH, FL 32174 US*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**Officer/Director Detail :**

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

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

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

Title	PASTOR, PRESIDENT
Name	DAVIS, JAMES LSR
Address	P O BOX 343
City-State-Zip:	ORMOND BEACH FL 32174

Title	ASST. TREASURER
Name	DAVIS, JACQUELINE A
Address	PO BOX 343
City-State-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 LESTER DAVIS SR**PASTOR****04/07/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date