

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# 712810

Entity Name: TABERNACLE CHURCH OF DELIVERENCE, INC.

**Current Principal Place of Business:**

2907 AVENUE S  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

2907 AVENUE S  
FORT PIERCE, FL 34947

**New Mailing Address:**

FEI Number: 65-0790301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORDON, DOROTHY L  
1920 N. 44TH STREET  
FORT PIERCE, FL 34947      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: PD      ( ) Delete  
Name: GORDON, HARRY  
Address: 1920 N. 44TH STREET  
City-St-Zip: FORT PIERCE, FL 34947

Title: VD      ( ) Delete  
Name: GORDON, DOROTHY L  
Address: 1920 N. 44TH STREET  
City-St-Zip: FORT PIERCE, FL 34947

Title: S      ( ) Delete  
Name: JACY, QUEEN  
Address: 1211 N. 25 ST.  
City-St-Zip: FT. PIERCE, FL 34950

Title: TD      ( ) Delete  
Name: GORDON, LARRY  
Address: 112 SOUTH 17TH STREET  
City-St-Zip: FT. PIERCE, FL 34950

**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:

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: HARRY GORDON

PD

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date