


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90013 015 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712810**

1. Corporation Name  
**TABERNALE CHURCH OF DELIVERENCE, INC.**



Principal Place of Business 1509 FLORIDA AVE. FORT PIERCE FL 34950	Mailing Address 1509 FLORIDA AVE. FORT PIERCE FL 34950
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2. Principal Place of Business 21 <b>2907 AVENUE S</b>	2a. Mailing Address 26 <b>1509 Florida Ave</b>	3. Date Incorporated or Qualified <b>05/26/1967</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>
22	27	Applied For Not Applicable
City & State 23 <b>Fort Pierce FL</b>	City & State 28 <b>Fort Pierce, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>34947</b>	Country 25 <b>St. Lucie</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>34950</b>	Country 30 <b>St. Lucie</b>	

9. Name and Address of Current Registered Agent  <b>GORDON, DOROTHY L</b> <b>1509 FLORIDA AVE.</b> <b>FORT PIERCE FL 34950</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, HARRY</b>	1.2 NAME	
STREET ADDRESS	<b>1509 FLORIDA AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, DOROTHY L</b>	2.2 NAME	
STREET ADDRESS	<b>1509 FLORIDA AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACY, QUEEN</b>	3.2 NAME	
STREET ADDRESS	<b>1211 N. 25 ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL 34950</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, LARRY</b>	4.2 NAME	
STREET ADDRESS	<b>519 DOUGLAS CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL 34950</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* August 4, 99 561-464-1078  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)