

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 712810

1. Entity Name  
**TABERNACLE CHURCH OF DELIVERENCE, INC.**

Principal Place of Business Mailing Address  
 2907 AVENUE S 1509 FLORIDA AVE.  
 FORT PIERCE FL 34947 FORT PIERCE FL 34950

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

APPROVED  
 AND  
 FILED

01 OCT 25 AM 11:41



**REINSTATEMENT**  
 DOCUMENT TYPE: UBR THIS OFFICE  
 4. FEI Number **NOT APPLICABLE**  **Not Applicable**

5. Certificate of Status Desired  **-\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GORDON, DOROTHY L**  
**1509 FLORIDA AVE.**  
**FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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 *Dorothy L Gordon*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, HARRY 1509 FLORIDA AVE. FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORDON, DOROTHY L 1509 FLORIDA AVE. FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACY, QUEEN 1211 N. 25 ST. FT. PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORDON, LARRY 519 DOUGLAS CT. FT. PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Dorothy L Gordon*

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CR2E037 (10/00)