

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
CORPORATION ANNUAL REPORTS

DOCUMENT # **731755**

(5)

50 MAY -1 PM 1:01

**TABERNACLE OF WITNESS DELIVERANCE CHURCH, INCORPORATED**

Principal Place of Business: **1136 CAROLINA AVE N CLEWISTON FL 33440 US**  
Mailing Address: **1136 CAROLINA AVE N CLEWISTON FL 33440 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
<b>01/28/1975</b>	<b>02/17/1994</b>
4. FIC Number	Applied For
<b>65-0008000</b>	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. <b>941st Harlem Academy Ave</b>	26. <b>same</b>
22. <b>1136 CAROLINA AVEN</b>	27. <b>1136 CAROLINA AVEN</b>
23. <b>Clewiston</b>	28. <b>Clewiston, FL</b>
24. <b>33440</b>	25. <b>Henry</b>
29. <b>33440</b>	30. <b>Henry</b>

9. Name and Address of Current Registered Agent

**WOOD, B ALFORD  
402 EAST PASADENA AVENUE  
CLEWISTON FL**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address, if P.O. Box Number is Not Acceptable  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: **Pastor Bernice McMillan** (Date: **4-26-95**)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, EMPLOYEES, AND OTHER PERSONS	
1. TITLE	<b>VD WATSON, SYLVIA ANN RT 2 BOX 552 CLEWISTON FL</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>PD MCMILLAN, BERNICE 1136 CAROLINA AVE N CLEWISTON FL</b>	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	<b>STD KETURAM, GARY 805 MARYLAND AVE CLEWISTON FL</b>	3.1 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY, ST, ZIP	<b>TRD MCCOY, WILLIE (MINISTER) RT.2 BOX 562 CLEWISTON FL</b>	4.1 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS		7.1 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY, ST, ZIP		8.1 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 135.02(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this 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.

SIGNATURE: **Pastor Bernice McMillan** (Date: **4-26-95**)  
**813-943-6380**