


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Sep 14, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90003 012 \*\*\*\*70.00

**DOCUMENT # 731755**

1. Entity Name  
**TABERNAACLE OF WITNESS DELIVERANCE CHURCH, INCORPORATED**



Principal Place of Business Mailing Address

T.W.D.CHURCH, INC.  
9TH ST. HARLEM ACADEMY AVE  
CLEWISTON FL 33446  
US

BERNICE MCMILLAN  
1136 CAROLINA AVE N  
CLEWISTON FL 33440  
US



MOORE CR2E037 (4/04)

2. Principal Place of Business 3. Mailing Address

*T.W.D. Church, INC* *1136 Carobina ave n*

Suite, Apt. #, etc. Suite, Apt. #, etc.

*901 Harlem Academy AVE*

City & State City & State

*Clewiston, FL* *Clewiston*

4. FEI Number Applied For

**65-0008000** Not Applicable

Zip Country Zip Country

*33448* *Henry* *33440* *Henry*

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

6. Name and Address of Current Registered Agent

**SIMMONS-SAMUEL A**  
1136 CAROLINA AVE N  
CLEWISTON FL 33440

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *pastor Bernice McMillan Bernice McMillan* *Sept 7, 04*

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCMILLAN, BERNICE	
STREET ADDRESS	1136 CAROBINA AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIE	
STREET ADDRESS	928 ALABAMA AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	V	<input type="checkbox"/> Delete
NAME	WATSON, SYLVIA D.	
STREET ADDRESS	946 VIRGINIA AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FRANKLIN, FARNEY	
STREET ADDRESS	539 WEST ALVERDEZ	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	MD	<input type="checkbox"/> Delete
NAME	FRANKLIN, DOROTHY	
STREET ADDRESS	539 W ALVEDERPEX	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, KARTRICE	
STREET ADDRESS	901 HARLEM ACADEMY AVENUE NORTH	
CITY-ST-ZIP	CLEWISTON FL 33440	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeremy Greves	
STREET ADDRESS	1030 Baymerry ave n	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATRICE Greves	
STREET ADDRESS	1030 Baymerry ave n	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trearha Edward	
STREET ADDRESS	901 Harlem Academy ave n	
CITY-ST-ZIP	Clewiston, FL 33440	

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: *pastor Bernice McMillan Bernice McMillan* *Sept 7, 04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #