

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



FILED
05 NOV 23 PM 2:36

DOCUMENT # 731755
1. Entity Name
TABERNACLE OF WITNESS DELIVERANCE CHURCH, INCORPORATED

Principal Place of Business
**T.W.D.CHURCH, INC.
901 ST. HARLEM ACADEMY AVE
CLEWISTON, FL 33440 US**

Mailing Address
**1136 CAROLINA AVE N
CLEWISTON, FL 33440 US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
**T.W.D Church Inc
901 Harlem Academy AVE
Clewiston**

3. Mailing Address
**1136 Carolina ave n
Clewiston, FL**

4. FEI Number
65-0008000

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

10252005 REIN-NP CR2E099 (6/04)

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 *Bernice McMillan* **Bernice McMillan** **11-5, 05**
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE P | NAME MCMILLAN, BERNICE | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1136 CAROBINA AVE | CITY-ST-ZIP CLEWISTON, FL 33440 | NAME | |
| | <input type="checkbox"/> Delete | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| TITLE TD | NAME JOHNSON, WILLIE | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 928 ALABAMA AVENUE | CITY-ST-ZIP CLEWISTON, FL 33440 | NAME | 400061341634 |
| | <input type="checkbox"/> Delete | STREET ADDRESS | 11/10/05--01034--019 **245.00 |
| | | CITY-ST-ZIP | |
| TITLE V | NAME WATSON, SYLVIA D. | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 946 VIRGINIA AVE | CITY-ST-ZIP CLEWISTON, FL-33440 | NAME | |
| | <input type="checkbox"/> Delete | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| TITLE CD | NAME GREVES, JEREMY | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1030 BAYMERRY AVE N | CITY-ST-ZIP CLEWISTON, FL 33440 | NAME | |
| | <input type="checkbox"/> Delete | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| TITLE MD | NAME GREVES, KATRICE | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1030 BAYMERRY AVE N | CITY-ST-ZIP CLEWISTON, FL 33440 | NAME | <i>11/23</i> |
| | <input type="checkbox"/> Delete | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| TITLE S | NAME EDWARD, TREARHA | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 901 HARLEM ACADEMY AVENUE NORTH | CITY-ST-ZIP CLEWISTON, FL 33440 | NAME | |
| | <input type="checkbox"/> Delete | STREET ADDRESS | |
| | | CITY-ST-ZIP | |

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* **Nov 5, 05** **863-983-6382**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #