


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90018 034 ****75.00

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



Principal Place of Business Mailing Address
 T.W.D.CHURCH, INC. 901 HARLEM ACADEMY AVE CLEWISTON FL 33440 US
 T.W.D.CHURCH, INC. 1136 CAROLINA AVE CLEWISTON FL 33440 US



2. Principal Place of Business - No P.O. Box #
T.W.D Church
 Suite, Apt. #, etc.
901 Harlem Academy Ave

3. Mailing Address
1136 Carolina Ave
 Suite, Apt. #, etc.
 City & State
Clewiston, FL
 Zip
33440 Country
Hendry

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
SIMMONS, SAMUEL A
1136 CAROLINA AVE N
CLEWISTON FL 33440

4. FEI Number
65-0008000 Applied For
 Not Applicable

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

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* *March 16, 2007*
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
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	P MCMILLAN, BERNICE 1136 CAROBINA AVE CLEWISTON FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, WILLIE 928 ALABAMA AVENUE CLEWISTON FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATSON, SYLVIA D. 946 VIRGINIA AVE CLEWISTON FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GREVES, JEREMY 1030 BAYMERRY AVE N CLEWISTON FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GREVES, KATRICE 1030 BAYMERRY AVE N CLEWISTON FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARD, TREARHA 901 HARLEM ACADEMY AVENUE NORTH CLEWISTON FL 33440 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *3-16-07* *863 483-6382*
Signature and typed or printed name of signing officer or director Date Daytime Phone #