


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 02, 2008 8:00 am
Secretary of State

07-02-2008 90002 001 ****70.00
 07-02-2008 90002 002 ****400.00

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



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
901 Harlem Academy Ave *1136 Carobina Ave*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Clewiston, FL *Clewiston, FL*

Zip Country Zip Country
33440 *Henry* *33440* *Henry*

1st MOORE CR2E037 (10/07)
 4. FEI Number **65-0008000** Applied For
 Not Applicable

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* *June 25, 2008*
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

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* *June 25, 2008*