

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731755

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** TABERNACLE OF WITNESS DELIVERANCE CHURCH, INCORPORATED

**Current Principal Place of Business:**

901 HARLEM ACADEMY AVE  
CLEWISTON, FL 33440 US

**New Principal Place of Business:**

**Current Mailing Address:**

1136 CAROLINA AVE  
CLEWISTON, FL 33440 US

**New Mailing Address:**

FEI Number: 65-0008000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMMONS, SAMUEL A  
1136 CAROLINA AVE N  
CLEWISTON, FL 33440 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCMILLAN, BERNICE  
Address: 1136 CAROLINA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: V  
Name: WRISPER, SYLVIA W  
Address: 901 HARLEM AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: T  
Name: GREAVES, JEREMY  
Address: 1009 BAYBERRY LOOP  
City-St-Zip: CLEWISTON, FL 33440

Title: S  
Name: GREAVES, KARTRICE  
Address: 1009 BAYBERRY LOOP  
City-St-Zip: CLEWISTON, FL 33440

Title: AS  
Name: GARY, KATURAH A  
Address: 805 MARYLAND AV  
City-St-Zip: CLEWISTON, FL 33440 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KARTRICE GREAVES

S

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date