

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731755 (5)

1. Corporation Name

TABERNAACLE OF WITNESS DELIVERANCE CHURCH, INCORPORATED



Principal Place of Business

Mailing Address

9TH ST HARLEM ACADRMY AVE.
1136 N CAROLINA AVE. N
CLEWISTON FL 33440
US

9TH ST. HARLEM ACADEMY AVE.
1136 CARLINA AVE. N
CLEWISTON FL 33440
US

3. Date Incorporated or Qualified
01/28/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 9th St Harlem Academy Ave.

26 9th St Harlem Academy Ave

4. FEI Number
65-0008000

Applied For
Not Applicable

22 Suite, Apt. #, etc.
1136 CAROLINA AVE N

27 Suite, Apt. #, etc.
1136 CAROLINA AVE

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

23 City & State
Clewiston, FL

28 City & State
Clewiston, FL

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

24 Zip
33440

25 Country
Hendry

29 Zip
33440

30 Country
Hendry

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, B ALFORD
402 EAST PASADENA AVENUE
CLEWISTON FL

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Pastor Bernice McMillan

Pastor Bernice McMillan

March 12, 1996

Signature, typed or printed name of registered agent, and date if applicable

Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATSON, SYLVIA ANN	
STREET ADDRESS	RT 2 BOX 552	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCMILLAN, BERNICE	
STREET ADDRESS	1136 CAROLINA AVE N	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KETURAH, GARY	
STREET ADDRESS	805 MARYLAND AVE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	MCCOY, WILLIE (MINISTER)	
STREET ADDRESS	RT.2 BOX 562	
CITY-ST-ZIP	CLEWISTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 provided by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pastor Bernice McMillan

March 12, 1996

Daytime Phone # 041 992 6389

CR2E037 (12/95)