

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731755

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

**FILED**  
**Apr 11, 2013**  
**Secretary of State**  
**CC0574154524**

**Current Principal Place of Business:**

901 HARLEM ACADEMY AVE  
CLEWISTON, FL 33440

**Current Mailing Address:**

1136 CAROLINA AVE  
CLEWISTON, FL 33440 US

**FEI Number: 65-0008000**

**Certificate of Status Desired: Yes**

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

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

*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

**Officer/Director Detail :**

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

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

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

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

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

*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**

**SECRETARY**

**04/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date