

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731755

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC8289819504**

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

**Current Principal Place of Business:**

901 HARLEM ACADEMY AVE  
CLEWISTON, FL 33440

**Current Mailing Address:**

901 HARLEM ACADEMY AV  
CLEWISTON, FL 33440 US

**FEI Number: 65-0008000**

**Certificate of Status Desired: No**

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

SIMMONS, SAMUEL A  
901 HARLEM ACADEMY AV  
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           PRESIDENT  
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           VP  
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**

**VP**

**04/09/2015**

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

\_\_\_\_\_  
Date