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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 ACADEMY AVE.
1136 N CAROLINA AVE. N
CLEWISTON FL 33440
US

9TH ST. HARLEM ACADEMY AVE.
1136 CARLINA AVE. N
CLEWISTON FL 33440-5619
US

3. Date Incorporated or Qualified
01/28/1975

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0008000

Applied For
Not Applicable

21 9th St Harlem Academy Ave
Suite, Apt. #, etc.

26 1136 CAROLINA AVE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 1136 CAROLINA AVE

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Clewiston, FL

28 Clewiston

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

24 Zip 33440 Country HENRY

29 Zip 33440 Country HENRY

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

61 MR. Samuel A. Simmons

62 Street Address (P.O. Box Number is Not Acceptable)

1136 CAROLINA AVE

63

64 City Clewiston FL 65 Zip Code 33440

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

DATE: March 19, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME VD
STREET ADDRESS WATSON, SYLVIA ANN
CITY-ST-ZIP RT 2 BOX 552
CLEWISTON FL

1.1 TITLE Change Addition
1.2 NAME Samuel A. Simmons
1.3 STREET ADDRESS 1136 CAROLINA AVE
1.4 CITY-ST-ZIP Clewiston, FL 33440

TITLE DELETE
NAME PD
STREET ADDRESS MCMILLAN, BERNICE
CITY-ST-ZIP 1136 CAROLINA AVE N
CLEWISTON FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME STD
STREET ADDRESS KETURAH, GARY
CITY-ST-ZIP 805 MARYLAND AVE
CLEWISTON FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME TRD
STREET ADDRESS MCCOY, WILLIE (MINISTER)
CITY-ST-ZIP RT.2 BOX 562
CLEWISTON FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 required 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

DATE: 3-19-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042632

CR2E037 (9/96)