## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 731755** 

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

FILED Mar 27, 2023

**Secretary of State** 

3135960070CC

Officer/Director Detail:

Title PRESIDENT Title TREASURER

NameGREAVES, KARTRICENameGARY, KATURAH AAddress1009 BAYBERRY LOOPAddress805 MARYLAND AV

City-State-Zip: CLEWISTON FL 33440 City-State-Zip: CLEWISTON FL 33440

Title PASTOR Title SECRETARY

Name GREAVES, JEREMY Name ROSS, KIMBERLY

Address 1009 BAYBERRY LOOP Address P.O BOX 1214

City-State-Zip: CLEWISTON FL 33440 City-State-Zip: CLEWISTON FL 33440

Title ASST. TREASURER
Name WESTON, PATRICIA

Address P.O.BOX 2265

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

**PRESIDENT** 

03/27/2023