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

Electronic Signature of Signing Officer/Director Detail

#### 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

### Name and Address of Current Registered Agent:

SIMMONS, SAMUEL A 901 HARLEM ACADEMY AV CLEWISTON, FL 33440 US FILED Apr 12, 2024 Secretary of State 9123178165CC

Date

Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER		
Name	GREAVES, KARTRICE	Name	GARY, KATURAH A		
Address	1009 BAYBERRY LOOP	Address	805 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				

PRESIDENT

04/12/2024 Date