

FILE NOW: FILING FEE IS \$61.25

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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90053 037 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731755**

1. Corporation Name  
**TABERNACLE OF WITNESS DELIVERANCE CHURCH, INCORPORATED**

Principal Place of Business T.W.D.CHURCH, INC. 9TH ST HARLEM ACADEMY AVE CLEWISTON FL 33440 US	Mailing Address 1136 CAROBINA AVE N 9TH ST HARLEM ACADEMY AVE CLEWISTON FL 33440 US
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2. Principal Place of Business 21 <b>T.W.D Church Inc</b>	2a. Mailing Address 26 <b>Bernice McMillan</b>	3. Date Incorporated or Qualified 01/28/1975
Suite, Apt. #, etc. 22 <b>9th St Harlem Academy Ave</b>	Suite, Apt. #, etc. 27 <b>1136 Carobina Ave</b>	4. FEI Number 65-0008000
City & State 23 <b>Clewiston, FL</b>	City & State 28 <b>Clewiston, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33440</b>	Country 25 <b>Hendry</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>33440</b>	Country 30 <b>Hendry</b>	

9. Name and Address of Current Registered Agent SIMMONS, SAMUEL A 1136 CAROLINA AVE N CLEWISTON FL 33440	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 Jan 27, 1999

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MC MILLAN, BERNICE</b>		1.2 NAME	
STREET ADDRESS <b>1136 CAROBINA AVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEWISTON FL 33440</b>		1.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, WILLIE</b>		2.2 NAME	
STREET ADDRESS <b>928 ALABAMA AVENUE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEWISTON FL 33440</b>		2.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WATSON, SYLVIA D.</b>		3.2 NAME	
STREET ADDRESS <b>946 VIRGINIA AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEWISTON FL 33440</b>		3.4 CITY-ST-ZIP	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANKLIN, FARNEY</b>		4.2 NAME	
STREET ADDRESS <b>539 WEST ALVERDEZ</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEWISTON FL 33440</b>		4.4 CITY-ST-ZIP	
TITLE <b>MD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANKLIN, DOROTHY</b>		5.2 NAME	
STREET ADDRESS <b>539 W ALVEDERPEX</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEWISTON FL 33440</b>		5.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BAARY, KETURAH A.</b>		6.2 NAME	
STREET ADDRESS <b>805 MARY LAND AVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEWISTON FL 33440</b>		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Pastor Bernice McMillan* DATE Jan 27, 1999 DAYTIME PHONE # 941-983-6382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)