

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N03000009125

Entity Name: TABERNACLE DELIVRANCE DE JESUS-CHRIST, INC.

**Current Principal Place of Business:**

1313 ORANGE AVENUE  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

312 ORANGE AVENUE  
FORT PIERCE, FL 34950

**Current Mailing Address:**

1313 ORANGE AVENUE  
FORT PIERCE, FL 34950

**New Mailing Address:**

312 ORANGE AVENUE  
FORT PIERCE, FL 34950

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

ESTIMA, BERACHA PASTOR  
312 NORTH 12TH STREET  
FORT PIERCE, FL 34950 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ESTIMA, BERACAH  
Address: 312 N. 12TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: SD ( ) Delete  
Name: MENDENHALL, MARIE  
Address: 2107 WARE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD ( ) Delete  
Name: MELLON, JEAN BERNEX  
Address: 2349 WABASSO DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BERACAH ESTIMA

PD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date