

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011140

**FILED  
Jun 30, 2015  
Secretary of State  
CC0741013423**

**Entity Name:** TABERNACLE OF PRAISE DELIVERANCE CHURCH MINISTRY, INC.

**Current Principal Place of Business:**

43 DREW ELLIS LANE  
QUINCY, FL 32351

**Current Mailing Address:**

PO BOX 2251  
QUINCY, FL 32351

**FEI Number: 42-1647309**

**Certificate of Status Desired: No**

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

FRISON, ARDELLA B  
330 HOLT LANE  
QUINCY, FL 32351 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

**Officer/Director Detail :**

Title P  
Name FRISON, ARDELLA  
Address 330 HOLT LANE  
City-State-Zip: QUINCY FL 32351

Title VP  
Name FRISON, ARCHIE LEE  
Address 330 HOLT LANE  
City-State-Zip: QUINCY FL 32351

Title S  
Name FRISON, ARPRYLLA  
Address 330 HOLT LANE  
City-State-Zip: QUINCY FL 32351

Title T  
Name BOSTICK, AMOS  
Address 80 NORTH MARTY ST  
City-State-Zip: QUINCY FL 32351

Title S  
Name WILSON, AARIKKA  
Address 502 N 11TH STREET  
City-State-Zip: QUINCY FL 32351

*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: ARDELLA FRISON**

**P**

**06/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date