

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

02-14-2005 90065 016 \*\*\*\*61.25  
N04000011140

05 MAR 16 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
50014745

DOCUMENT # N04000011140  
1. Entity Name  
TABERNACLE OF PRAISE DELIVERANCE CHURCH  
MINISTRY, INC.



Principal Place of Business  
P.O. BOX 206  
BAINBRIDGE, GA 39819

Mailing Address  
P.O. BOX 206  
BAINBRIDGE, GA 39819

2. Principal Place of Business  
114 N. MADISON  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 2251  
Suite, Apt. #, etc.

City & State  
Quincy, FLORIDA  
Zip  
32351  
Country  
GADSDEN

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Quincy, FLORIDA  
Zip  
32351  
Country  
GADSDEN



FEI Number  
42-1647309

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FRISON, ARDELLA B  
330 HOLT LANE  
QUINCY, FL 32351

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ardeella B. Frison* DATE: 02-07-05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing:  
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRISON, ARDELLA 330 HOLT LANE QUINCY, FL 32351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP FRISON, ARCHIE LEE 330 HOLT LANE QUINCY, FL 32351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, AARZKKA F 115 LILLIAN SPRING ROAD QUINCY, FL 32351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSTICK, AMOS 80 NORTH MARTY ST QUINCY, FL 32351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY WILSON, AARZKKA F. 115 LILLIAN SPRING ROAD QUINCY, FLORIDA 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCE SECRETARY WILSON, DERRICK L. 115 LILLIAN SPRING ROAD QUINCY, FLORIDA 32351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ardeella B. Frison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-05  
Date Daytime Phone #