


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

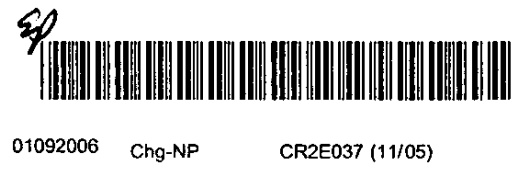
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000011140 1. Entity Name TABERNACLE OF PRAISE DELIVERANCE CHURCH MINISTRY, INC.	
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Principal Place of Business 114 N. MADISON QUINCY, FL 32351	Mailing Address PO BOX 2251 QUINCY, FL 32351
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 42-1647309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRISON, ARDELLA B 330 HOLT LANE QUINCY, FL 32351	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P FRISON, ARDELLA 330 HOLT LANE QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100064415381 01/25/06--01004--009 **70.00
NAME	FRISON, ARCHIE LEE <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	330 HOLT LANE	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, AA-RIKKA F	NAME	S ARDYLLA FRISON
STREET ADDRESS	115 LILLIAN SPRING ROAD	STREET ADDRESS	330 HOLT LANE
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	QUINCY, FLORIDA 32351
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTICK, AMOS	NAME	
STREET ADDRESS	80 NORTH MARTY ST	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	
TITLE	FS <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DERRICK L	NAME	FS TAMARA WILLIAMS
STREET ADDRESS	115 LILLIAN SPRNG ROAD	STREET ADDRESS	1467 NASHVILLE DR
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	TALLAHASSEE, FLA 32304
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Ardeella B. Frison 01-09-06 509-4097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #