

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005275

**Entity Name:** TABERNACLE OF DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

407 E. BOOE ST.  
BUNNELL, FL 32110

**FILED**  
**Feb 02, 2024**  
**Secretary of State**  
**7797259741CC**

**Current Mailing Address:**

PO BOX 279  
BUNNELL, FL 32110 US

**FEI Number: 55-0914565**

**Certificate of Status Desired: No**

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

BROOKS, NATHANIEL  
100 BIG BEN DR  
DAYTONA BEACH, FL 32117 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 BROOKS, NATHANIEL  
Address 100 BIG BEN DR  
City-State-Zip: DAYTONA BEACH FL 32117

Title V  
Name BROOKS, SHELLEY A  
Address 100 BIG BEN DR  
City-State-Zip: DAYTONA BEACH FL 32117

Title S  
Name NELSON, JACQUELINE  
Address 25 RYKER LN  
City-State-Zip: PALM COAST FL 32164

Title T  
Name WILLIAMS, JAMES  
Address 410 PEACH ST  
City-State-Zip: BUNNELL FL 32110

Title TREASURER  
Name SCARBOUGH, MAY C T  
Address 9 RYECROFT LANE  
City-State-Zip: PALM COAST FL 32164

*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: NATHANIEL BROOKS**

**PRESIDENT**

**02/02/2024**

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

\_\_\_\_\_  
Date