

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005275

FILED
Jan 29, 2009
Secretary of State

Entity Name: TABERNACLE OF DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

405 E. DRAIN ST.
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 279
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 55-0914565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, NATHANIEL
100 BIG BEN DR
DAYTONA BEACH, FL 32117 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: P () Delete
Name: BROOKS, NATHANIEL
Address: 100 BIG BEN DR
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: V () Delete
Name: BROOKS, SHELLEY A
Address: 100 BIG BEN DR
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: ST () Delete
Name: NELSON, JACQUELINE
Address: P. O BOX 1485
City-St-Zip: BUNNELL, FL 32110 US

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 exemption stated 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 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: NATHANIEL BROOKS

P

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date