

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001391

**FILED
Jul 02, 2004
Secretary of State**

Entity Name: TABERNACLE OF DELIVERANCE OUT REACH MINISTRIES INC.

Current Principal Place of Business:

1120 SW SILVER SPRINGS BOULEVARD
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

1120 SW SILVER SPRINGS BOULEVARD
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 59-3319732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWN, ROZELLA
1217 NE OSCEOLA AVE.
OCALA, FL 34470 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: BROWN, ROZELLA
Address: 1217 NE OSCEOLA AVE
City-St-Zip: Ocala, FL

Title: T () Delete
Name: JACKSON, MARY
Address: 1613 NW 20TH AVE
City-St-Zip: Ocala, FL

Title: D () Delete
Name: JACKSON, LORETTA
Address: 1217 NE OSCEOLA AVE
City-St-Zip: Ocala, FL

Title: D () Delete
Name: BENNETT, BARBARA
Address: 2614 NW 21ST STREET
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: JACKSON, EDDIE L JR.
Address: 1930 NW 27TH AVENUE
City-St-Zip: Ocala, FL 34470

Title: S () Delete
Name: BROWN, CHRISTINE
Address: 1120 SW BROADWAY
City-St-Zip: Ocala, FL 34474

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:

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 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 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: LORETTA JACKSON

D

07/02/2004

Electronic Signature of Signing Officer or Director

Date

EDDIE L JACKSON, SR.
1924 NW 4TH STREET
OCALA, FL 34475