## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N95000001391 (0)

DOCUMENT # TABERNACLE OF DELIVERANCE OUT REACH MINISTRIES I

Principal Place of Business Mailing Address



1024 West Bro DCALA FL 3267		OCALA FL 32670			
DUALA PL 3207	<b>,</b>	<b>V</b> 3.12.12.12		3. Date Incorporated or Qualified 03/23/1995	3a. Date of Last Report
Dringing Pra	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1	De of Dusiness		ECCCIA A	x 59-3319736	Not Applicable
Suite Apt #,	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
١	, etc	27		5. Certificate of Startos Besides	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
City d State		28 OCALA	<b>ァレ</b>	Trust Fund Contribution	LJ Added to Fees
Zip	Country	Zip \	Country	8. This corporation has liability for	intangible tax under s. 199.032,
ا	25	29 3447 U 3	MABIC		Yes No
	9. Name and Address of Currer	it Registered Agent		10. Name and Address of New Re	gistered Agent
BROWN, ROZELLA			81 Name		
1024 WEST BROADWAY			82 Street Address (P.O. Box Number is Not Acceptable)		
OCA	ALA FL 32670		83		
			84 City		85 Zip Code
					FL 1 1
	101000000000000000000000000000000000000	2 and 607 1508 Florida Statutes	the above-named o	orporation submits this statement for the paration's board of directors. Thereby accept	surpose of changing its registered
<ol> <li>Pursuant to off policy re</li> </ol>	o the provisions or Sections 607,000 pointered agent, or hoth, in the State	of Florida Such change was auti	norized by the corpo	orporation submits this statement for the paration's board of directors. I hereby accept	it the appointment as registered
agent I an	egistered agent, or both, in the state in familiar with, and accept the oblig	alions of Section 607.0505, Florid	ta Statutes.		8/6/96
01171105	Profile Blogs				0/9/-12
GNATURE	Basella Blow Sgnarate (yaed or perited name of registered ay			equited when reinstating.  ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
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I do nereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shar have the same legal effect as in further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shar have the same legal effect as in further certify that he information indicated on this annual report or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and made under oath, that I am an officer or direction 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 12 or Block 13 if changed, or on an attachment with an address

SIGNING OFFICER OR DIRECTOR