

**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
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001391 (0)**
1. Corporation Name

**TABERNACLE OF DELIVERANCE OUT REACH MINISTRIES I
NC.**



Principal Place of Business: **1024 WEST BROADWAY
OCALA FL 32670**
Mailing Address: **1024 WEST BROADWAY
OCALA FL 32670**

3. Date Incorporated or Qualified: **03/23/1995**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite Apt #, etc	26. 1217 NE Osceola Ave	59-3319732	Not Applicable
22. City & State	27. Suite, Apt #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. OCALA, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. 34470	8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	30. MARION		

9. Name and Address of Current Registered Agent
**BROWN, ROZELLA
1024 WEST BROADWAY
OCALA FL 32670**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Rozella Brown* Date: **8/6/96**
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROZELLA	12 NAME	BROWN, ROZELLA
STREET ADDRESS	1024 WEST BROADWAY	13 STREET ADDRESS	1217 NE OSCEOLA AVE
CITY - ST - ZIP	OCALA FL 32670	14 CITY - ST - ZIP	OCALA, FL 34470
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARY	22 NAME	MARY C. JACKSON
STREET ADDRESS	1024 WEST BROADWAY	23 STREET ADDRESS	1822 SW 6th ST
CITY - ST - ZIP	OCALA FL 32670	24 CITY - ST - ZIP	OCALA, FL 34474
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, VIRGIL	32 NAME	MOORE, VIRGIL
STREET ADDRESS	1024 WEST BROADWAY	33 STREET ADDRESS	1833 NE 2nd St. Apt 31
CITY - ST - ZIP	OCALA FL 32670	34 CITY - ST - ZIP	OCALA, FL
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, LORETTA	42 NAME	JACKSON, LORETTA
STREET ADDRESS	1024 WEST BROADWAY	43 STREET ADDRESS	2332 NW 7th St
CITY - ST - ZIP	JACKSON FL 32670	44 CITY - ST - ZIP	OCALA, FL 34474
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, EDDIE	52 NAME	JACKSON, EDDIE
STREET ADDRESS	1024 WEST BROADWAY	53 STREET ADDRESS	2332 NW 7th St
CITY - ST - ZIP	JACKSON FL 32670	54 CITY - ST - ZIP	OCALA, FL 34474
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Loretta Franklin Jackson* Date: **8/6/96** License No: **32-690-7059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (3/96)