Title	Р	Title	Т		
Name	BROWN, ROZELLA	Name	JACKSON, MARY		
Address	1120 WEST SS BOULEVARD	Address	1120 WEST SS BOULEVARD		
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474		
Title	D	Title	D		
Title Name	D JACKSON, LORETTA	Title Name	D BENNETT, BARBARA		
			-		
Name	JACKSON, LORETTA	Name	BENNETT, BARBARA		

<u>2017</u>	FLORIDA NO	T FOR PROFI	T CORPORAT	ION ANNUAL	<u>REPORT</u>

#### DOCUMENT# N9500001391

# Entity Name: TABERNACLE OF DELIVERANCE OUT REACH MINISTRIES INC.

## **Current Principal Place of Business:**

1120 SW SILVER SPRINGS BOULEVARD OCALA, FL 34475

## **Current Mailing Address:**

1120 SW SILVER SPRINGS BOULEVARD OCALA. FL 34475 US

### FEI Number: 59-3319732

## Name and Address of Current Registered Agent:

BROWN, ROZELLA 1120 SW SILVER SPRINGS BOULEVARD OCALA, FL 34474 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:

Title

Title

Name

Address

Name

Address

Electronic Signature of Registered Agent

### Officer/Director Detail :

D

City-State-Zip: OCALA FL 34475

City-State-Zip: OCALA FL

JACKSON, EDDIE LJR.

JACKSON, EDDIE L SR.

1120 W SILVER SPRINGS BLVD

1120 WEST SS BOULEVARD

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.

Title

Name

Address

City-State-Zip:

### SIGNATURE: LORETTA JACKSON

DIRECTOR

S

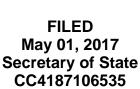
**BROWN, CHRISTINE** 

1120 SW BROADWAY

OCALA FL 34474

05/01/2017

Electronic Signature of Signing Officer/Director Detail



Date

Certificate of Status Desired: No

DIRECTOR