

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001391

**FILED  
Sep 01, 2018  
Secretary of State  
CC3011547940**

**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**

**Certificate of Status Desired: No**

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BROWN, ROZELLA  
Address 1120 WEST SS BOULEVARD  
City-State-Zip: Ocala FL 34474

Title T  
Name JACKSON, MARY  
Address 1120 WEST SS BOULEVARD  
City-State-Zip: Ocala FL 34474

Title D  
Name JACKSON, LORETTA  
Address 1120 WEST SS BOULEVARD  
City-State-Zip: Ocala FL 34474

Title D  
Name BENNETT, BARBARA  
Address 1120 WEST SS BOULEVARD  
City-State-Zip: Ocala FL 34474

Title D  
Name JACKSON, EDDIE LJR.  
Address 1120 WEST SS BOULEVARD  
City-State-Zip: Ocala FL

Title S  
Name BROWN, CHRISTINE  
Address 1120 SW BROADWAY  
City-State-Zip: Ocala FL 34474

Title DIRECTOR  
Name JACKSON , EDDIE L SR.  
Address 1120 W SILVER SPRINGS BLVD  
City-State-Zip: Ocala FL 34475

*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.*

**SIGNATURE: LORETTA JACKSON**

**DIRECTOR**

**09/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date