

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1995000001391
1. Corporation Name
TABERNACLE OF DELIVERANCE
OUTREACH MINISTRIES INC.

Principal Place of Business: 1024 W BROADWAY OCAIA, FL 34475
Mailing Address: 1217 NE OSCEOLA AVE OCAIA, FL 34470

3. Date Incorporated or Qualified: 4/93
4. FEI Number: 59-3319732 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
ROZELLA BROWN
1217 NE OSCEOLA AVE
OCAIA, FL 34470

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: Rozella Brown DATE: 4-19-98

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ROZELLA BROWN	
STREET ADDRESS	1217 NE OSCEOLA AVE	
CITY-ST-ZIP	OCAIA, FL 34470	
TITLE	VP	DELETE
NAME	VIRGIL MOORE	
STREET ADDRESS	1024 W BROADWAY	
CITY-ST-ZIP	OCAIA, FL 34475	
TITLE	TD	DELETE
NAME	MARY JACKSON	
STREET ADDRESS	1613 NW 20th AVE	
CITY-ST-ZIP	OCAIA, FL 34474	
TITLE	D	DELETE
NAME	ANGELA INGRAM	
STREET ADDRESS	1024 W BROADWAY	
CITY-ST-ZIP	OCAIA, FL 34474	
TITLE	S	DELETE
NAME	LORETTA JACKSON	
STREET ADDRESS	1217 NE OSCEOLA AVE	
CITY-ST-ZIP	OCAIA, FL 34470	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VIRGIL MOORE
2.3 STREET ADDRESS	1024 W BROADWAY
2.4 CITY-ST-ZIP	OCAIA, FL 34475
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002499326
6.3 STREET ADDRESS	-04/24/98--01037--021
6.4 CITY-ST-ZIP	***61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE: 4-19-98 867-5567

CR2E037 (10/97)