

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 05, 2009
Secretary of State**

DOCUMENT# N05439

Entity Name: DELIVERANCE CENTER TABERNACLES OF FLORIDA, INC.

Current Principal Place of Business:

96 SURF DRIVE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

96 SURF DRIVE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3290626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARCE, EVERETTE
96 SURF DRIVE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEARCE, EVETTE
Address: 96 SURF DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD () Delete
Name: WILLIAM, LANELL
Address: MISSISSIPPI AVE
City-St-Zip: LEESBURG, FL 33882

Title: STD () Delete
Name: MARTHA, LANEY
Address: MISSISSIPPI AVE
City-St-Zip: LEESBURG, FL 33882

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EVERETTE PEARCE

Electronic Signature of Signing Officer or Director

P/D

02/05/2009

_____ Date