

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 20, 2011
Secretary of State**

DOCUMENT# N05439

Entity Name: DELIVERANCE CENTER TABERNACLES OF FLORIDA, INC.**Current Principal Place of Business:**21 KELLY LANE
AUBURNDALE, FL 33880**New Principal Place of Business:**2326 MISPAH AVE
LEESBURG, FL 34748**Current Mailing Address:**96 SURF DRIVE
AUBURNDALE, FL 33823**New Mailing Address:**P.O. BOX 173
EUSTIS, FL 32727

FEI Number: 59-3290626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:TERESA, MCCALL
96 SURF DRIVE
WINTER HAVEN, FL 33880 US**Name and Address of New Registered Agent:**PINKNEY, RONALD
2326 MISPAH AVE
LEESBURG, FL 34748 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: RONALD PINKNEY

10/20/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: PD
Name: PINKNEY, RONALD
Address: 2326 MISPAH AVE
City-St-Zip: LEESBURG, FL 34748Title: VD
Name: DAVIS, DARLENE
Address: 70 MITCHELL D. ROAD
City-St-Zip: HAINES CITY, FL 33844Title: STD
Name: PINKNEY, JENISE
Address: 2326 MISPAH AVE
City-St-Zip: LEESBURG, FL 34748Title: VD
Name: STRAWDER, CARLTON
Address: 14382 SOUTHEAST 151 PLACE ROAD
City-St-Zip: WEIRSDALE, FL 32195Title: VD
Name: BUTLER, JOHN D
Address: 4914 JC'S VILLAGE RD
City-St-Zip: LA GRANGE, NC 28551

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: DR. JOHN D BUTLER

VD

10/20/2011

Electronic Signature of Signing Officer or Director_____
Date