

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90203 049 ****70.00

DOCUMENT # N07000006277

1. Entry Name
HOLY ROCK TABERNACLE OF DELIVERANCE, INCORPORATED



Principal Place of Business
1574 IVY LANE
SNEADS, FL 32460

Mailing Address
P.O. BOX 1121
SNEADS, FL 32460

60035176



2. Principal Place of Business - No P.O. Box #

1574 Ivy Lane

3. Mailing Address

Post Office Box 1121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-NP CR2E037 (12/06)

City & State

Sneads, Florida

City & State

Sneads, Florida

4. FEI Number

26-0604187

Applied For

Not Applicable

Zip

32460

Country

USA

Zip

32460

Country

USA

5. Certificate of Status Desired

Checked box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIGA, GERTRUDE
7234 SHADY GROVE RD.
MARIANNA, FL 32448

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include GARCIGA, GERTRUDE; JOHNSON, BKINES; ABNER, ADRIAN D.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Includes checkboxes for Change and Addition.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath...

SIGNATURE: Adrian D. Abner ADRIAN D. ABNER

04/25/08

850-272-2338