

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 02, 2009  
Secretary of State**

DOCUMENT# N07000006277

**Entity Name:** HOLY ROCK TABERNACLE OF DELIVERANCE, INCORPORATED

**Current Principal Place of Business:**

1574 IVY LANE  
SNEADS, FL 32460 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1144  
SNEADS, FL 32460 US

**New Mailing Address:**

**FEI Number:** 26-0604187      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIGA, GERTRUDE  
7234 SHADY GROVE RD.  
MARIANNA, FL 32448 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: DP ( ) Delete  
Name: GARCIGA, GERTRUDE  
Address: 7234 SHADY GROVE RD.  
City-St-Zip: MARIANNA, FL 32448

Title: APD ( ) Delete  
Name: JOHNSON, BKINES  
Address: 6072 MELLOW TRAIL  
City-St-Zip: MARIANNA, FL 32448

Title: APD ( ) Delete  
Name: ABNER, ADRIAN D.  
Address: 16064 SE HOUSTON ST.  
City-St-Zip: BLOUNTSTOWN, FL 32424

**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: GERTRUDE GARCIGA

DP

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date