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NONPROFIT (CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400003456 (0)

TABERNACLE OF DELIVERANCE HOLINESS CHURCH, INC.

Principal Place of Business Mailing Address 4209 NE 21ST AVENUE ROAD POST OFFICE BOX 188 SPARR FL 32182-0188 SPARR FL 32192 3. Date Incorporated or Qualified 3a. Date of Last Report 07/11/1994 04/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3258446 21 same as above 26 same as above Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional K 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζip Country Zip Country 6. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes K No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VAUGHNS, VINCENT W 82 Street Address (P.O. Box Number is Not Acceptable) 14209 NE 21ST AVENUE ROAD 83 **SPARR FL 32192** 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE PD 1.1 TITLE Change Addition VINCENT W. VAUGHNS NAME 1.2 NAME 14209 N.E. 21ST AVE. RD. STREET ADDRESS 1.3 STREET ADDRESS SPARR FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE **VPD** 21 TITLE Addition HERBERT MAE VAUGHNS NAME 22 NAME 14209 N.E. 21ST AVE. RD. STREET ADDRESS 2.3 STREET ADDRESS SPARR FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE THE 31 TITLE Change Addition ALICE V. DUNCAN NAME 3.2 NAME STREET ADDRESS 313 N.W. 7TH AVE. APT. 4 3.3 STREET ADDRESS OCALA FL CITY-ST-7/P 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition

14. I do 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

March 3, 1997

7 352/**595**.4772

(96/6)

FILED

Mar 10 1997 8:00am

Secretary of State