

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90076 044 ****70.00

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1. Entity Name
TABERNACLE OF DELIVERANCE HOLINESS CHURCH, INC.

Principal Place of Business Mailing Address
14209 NE 21ST AVENUE ROAD POST OFFICE BOX 188
SPARR FL 32192 SPARR FL 32192



1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3258446	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
VAUGHNS, VINCENT W
14209 NE 21ST AVENUE ROAD
SPARR FL 32192

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 reinstating) DATE

FILE NOW. FEE IS \$61.25
Due By: May 1, 2006

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		
TITLE	PD	<input type="checkbox"/> Delete
NAME	VINCENT W. VAUGHNS	
STREET ADDRESS	14209 N.E. 21ST AVE. RD.	
CITY-ST-ZIP	SPARR FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERBERT MAE VAUGHNS	
STREET ADDRESS	14209 N.E. 21ST AVE. RD.	
CITY-ST-ZIP	SPARR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAYER, KEYES L	
STREET ADDRESS	1212 BURLINGTON AVE N APT 203	
CITY-ST-ZIP	ST PETERSBURG FL 33205	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, LUVENIA	
STREET ADDRESS	1421 SOUTHWEST 27TH AVENUE #2403	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Vincent W. Vaughns* 2/17/06 252-595-4000