2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003456

FILED Jan 24, 2009 Secretary of State

| Entity Nai | me: TABERNA | ACLE OF DELIVERANCE HO | DLINESS CHURCH, INC. | | |
|---|---|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 14209 NE SPARR, F | 21ST AVENUE L 32192 | ROAD | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| POST OFF SPARR, F | FICE BOX 188 L 32192 | | | | |
| FEI Number: 59-3258446 | | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| | S, VINCENT W 21ST AVENUE L 32192 US | ROAD | | | |
| | named entity s e of Florida. | submits this statement for the | purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Age | | | gent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () VINCENT W. VA 14209 N.E. 21S SPARR, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VPD () HERBERT MAE 14209 N.E. 21S SPARR, FL | • | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DAVIS, LUVENI | EST 27TH AVENUE #2403 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: VINCENT W. VAUGHNS PD 01/24/2009