

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05439

**Entity Name:** DELIVERANCE CENTER TABERNACLES OF FLORIDA, INC.

**Current Principal Place of Business:**

2326 MISPAH AVE  
LEESBURG, FL 34748

**Current Mailing Address:**

P O BOX 173  
EUSTIS, FL 32727

**FEI Number:** 59-3290626

**Certificate of Status Desired:** No

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

PINKNEY, RONALD  
37849 DEERWOODS DR  
EUSTIS, FL 32736 US

*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

**Officer/Director Detail :**

Title PD  
Name PINKNEY, RONALD  
Address 37849 DEERWOODS DR  
City-State-Zip: EUSTIS FL 32727

Title VD  
Name DAVIS, DARLENE  
Address 70 MITCHELL D RD  
City-State-Zip: HAINES CITY FL 33844

Title STD  
Name PINKNEY, JENISE  
Address 37849 DEERWOODS DR  
City-State-Zip: EUSTIS FL 32727

Title VD  
Name CARLTON, STRAWDER  
Address 14382 SE 151 PLACE RD  
City-State-Zip: WEIRSDALE FL 32195

Title VD  
Name DAVIS, JERRY  
Address 70 MITCHELL D RD.  
City-State-Zip: HAINES CITY FL 33844

*I hereby 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 all other like empowered.*

**SIGNATURE:** JENISE PINKNEY

STD

01/27/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date