

2017 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 BUTLER, JOHN D
Address 4914 JC'S VILLAGE RD
City-State-Zip: LA GRANGE NC 28551

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

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date