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 un 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 apprendence, or on an attachment with all other like empowered.					
SIGNATURE: BKINES JOHNSON	APD	06/29/2020			

2020 FLORIDA NOT FOR PROFI	T CORPORATION ANNUAL REPORT

DOCUMENT# N0700006277

Entity Name: HOLY ROCK TABERNACLE OF DELIVERANCE, INCORPORATED

Current Principal Place of Business:

1574 IVY LANE SNEADS, FL 32460

Current Mailing Address:

PO BOX 1144 SNEADS, FL 32460 US

FEI Number: 26-0604187

Name and Address of Current Registered Agent:

GARCIGA, GERTRUDE 7234 SHADY GROVE RD. MARIANNA, FL 32448 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	: GERTRUDE GARCIGA			06/29/2020
		Electronic Signature of Registered Agent			Date
	Officer/Direc	tor Detail :			
	Title	OD	Title	APD	
	Name	GARCIGA, GERTRUDE	Name	JOHNSON, BKINES	
	Address	7234 SHADY GROVE RD.	Address	6072 MELLOW TRAIL	
	City-State-Zip:	MARIANNA FL 32448	City-State-Zip:	MARIANNA FL 32448	

SIGNATURE: BKINES JOHNSON

Electronic Signature of Signing Officer/Director Detail

FILED Jun 29, 2020 Secretary of State 9160125265CC

Certificate of Status Desired: No

Date