

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001193

**Entity Name:** TRUE DELIVERANCE FELLOWSHIP, INC.

**Current Principal Place of Business:**

3130 CASTLETON DR.  
APT B  
BRADENTON, FL 34208

**Current Mailing Address:**

P.O. BOX 1014  
BRADENTON, FL 34206 US

**FEI Number:** 65-0500199

**Certificate of Status Desired:** No

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

TRICE, RAYMOND DSR.  
3130 CASTLETON DR.  
APT B  
BRADENTON, FL 34208 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 DP  
Name TRICE, RAYMOND D  
Address 6630 ANCHOR LOOP #108  
City-State-Zip: BRADENTON FL 34212

Title DV  
Name TRICE, ODESSA W.  
Address 3130 CASTLETON DR.  
APT B  
City-State-Zip: BRADENTON FL 34208

Title DST  
Name RANGE, CARLA  
Address 314 12TH ST. EAST  
City-State-Zip: BRADENTON FL 34208

*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:** RAYMOND D. TRICE

**DIRECTOR/PRESIDENT**

**03/25/2014**

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

\_\_\_\_\_  
Date