

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90033 015 \*\*\*\*70.00

**DOCUMENT # 731755**

1. Entity Name

TABERNACLE OF WITNESS DELIVERANCE CHURCH,  
INCORPORATED



Principal Place of Business

T.W.D.CHURCH, INC.  
901 HARLEM ACADEMY AVE  
CLEWISTON FL 33440  
US

Mailing Address

1136 CAROLINA AVE N  
CLEWISTON FL 33440  
US

2. Principal Place of Business

T.W.D. Church Inc  
Suite, Apt. #, etc.  
901 Harlem Academy Ave  
City & State  
Clewiston, FL  
Zip  
33440  
Country  
Hendry

3. Mailing Address

T.W.D. Church Inc.  
Suite, Apt. #, etc.  
1136 Carolina Ave  
City & State  
Clewiston, FL  
Zip  
33440  
Country  
Hendry



1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0008000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, SAMUEL A  
1136 CAROLINA AVE N  
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Pastor Bernice McMillan* *Pastor Bernice McMillan*

*March 8, 2006*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCMILLAN, BERNICE	
STREET ADDRESS	1136 CAROBINA AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIE	
STREET ADDRESS	928 ALABAMA AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	V	<input type="checkbox"/> Delete
NAME	WATSON, SYLVIA D.	
STREET ADDRESS	946 VIRGINIA AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GREVES, JEREMY	
STREET ADDRESS	1030 BAYMERRY AVE N	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	MD	<input type="checkbox"/> Delete
NAME	GREVES, KATRICE	
STREET ADDRESS	1030 BAYMERRY AVE N	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	S	<input type="checkbox"/> Delete
NAME	EDWARD, TREARHA	
STREET ADDRESS	901 HARLEM ACADEMY AVENUE NORTH	
CITY-ST-ZIP	CLEWISTON FL 33440	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Pastor Bernice McMillan* *Bernice McMillan* *March 8, 06* *863* *963-6382*