

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90018 034 \*\*\*\*75.00

**DOCUMENT # 731755**

1. Entity Name

**TABERNACLE OF WITNESS DELIVERANCE CHURCH,  
INCORPORATED**



Principal Place of Business

Mailing Address

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

T.W.D.CHURCH, INC.  
1136 CAROLINA AVE  
CLEWISTON FL 33440  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

T.W.D Church  
Suite, Apt. #, etc.

1136 Carolina AVE

901 Harlem Academy AVE

Suite, Apt. #, etc.

City & State  
Clewiston, FL

City & State  
Clewiston, FL

Zip  
33440

Country  
Hendry

Zip  
33440

Country  
Hendry

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

SIMMONS, SAMUEL A  
1136 CAROLINA AVE N  
CLEWISTON FL 33440

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

*Bernice McMillan*  
(NOTE: Registered Agent signature required when reinstating)

*March 16, 2007*  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME MCMILLAN, BERNICE  
STREET ADDRESS 1136 CAROLINA AVE  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME JOHNSON, WILLIE  
STREET ADDRESS 928 ALABAMA AVENUE  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME WATSON, SYLVIA D.  
STREET ADDRESS 946 VIRGINIA AVE  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME GREVES, JEREMY  
STREET ADDRESS 1030 BAYMERRY AVE N  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MD ☐ Delete  
NAME GREVES, KATRICE  
STREET ADDRESS 1030 BAYMERRY AVE N  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME EDWARD, TREARHA  
STREET ADDRESS 901 HARLEM ACADEMY AVENUE NORTH  
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Change ☐ 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* 3-16-07 863 483-6382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #