


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 02, 2008 8:00 am
Secretary of State

07-02-2008 90002 001 ****70.00
07-02-2008 90002 002 ****400.00

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 CLEWISTON FL 33440 US	
2. Principal Place of Business - No P.O. Box # 901 Harlem Academy Ave		3. Mailing Address 1136 Carolina Ave	
Suite, Apt. #, etc. Triad Church INC		Suite, Apt. #, etc.	
City & State Clewiston, FL		City & State Clewiston, FL	
Zip 33440	Country Hendry	Zip 33440	Country Hendry
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 Bernice McMillan June 25, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P MCMILLAN, BERNICE 1136 CAROBINA AVE CLEWISTON FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, WILLIE 928 ALABAMA AVENUE CLEWISTON FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATSON, SYLVIA D. 946 VIRGINIA AVE CLEWISTON FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sylvia D Whisler 946 Virginia Ave Clewiston, FL 33440 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GREVES, JEREMY 1030 BAYMERRY AVE N CLEWISTON FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GREVES, KATRICE 1030 BAYMERRY AVE N CLEWISTON FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARD, TREARHA 901 HARLEM ACADEMY AVENUE NORTH CLEWISTON FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **June 25, 2008**