

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731755

FILED  
Sep 16, 2009  
Secretary of State

**Entity Name:** TABERNACLE OF WITNESS DELIVERANCE CHURCH, INCORPORATED

**Current Principal Place of Business:**

901 HARLEM ACADEMY AVE  
TWD CHURCH INC  
CLEWISTON, FL 33440 US

**New Principal Place of Business:**

**Current Mailing Address:**

1136 CAROLINA AVE  
CLEWISTON, FL 33440 US

**New Mailing Address:**

**FEI Number:** 65-0008000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SIMMONS, SAMUEL A  
1136 CAROLINA AVE N  
CLEWISTON, FL 33440 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCMILLAN, BERNICE  
Address: 1136 CAROBINA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: TD (X) Delete  
Name: JOHNSON, WILLIE  
Address: 928 ALABAMA AVENUE  
City-St-Zip: CLEWISTON, FL 33440

Title: V ( ) Delete  
Name: WHISPER, SYLVIA D  
Address: 946 VIRGINIA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: CD ( ) Delete  
Name: GREVES, JEREMY  
Address: 1030 BAYMERRY AVE N  
City-St-Zip: CLEWISTON, FL 33440

Title: MD ( ) Delete  
Name: GREVES, KATRICE  
Address: 1030 BAYMERRY AVE N  
City-St-Zip: CLEWISTON, FL 33440

Title: S (X) Delete  
Name: EDWARD, TREARHA  
Address: 901 HARLEM ACADEMY AVENUE NORTH  
City-St-Zip: CLEWISTON, FL 33440

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MCMILLAN, BERNICE  
Address: 1136 CAROLINA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: WRISPER, SYLVIA W  
Address: 901 HARLEM AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: T (X) Change ( ) Addition  
Name: GREAVES, JEREMY  
Address: 1009 BAYBERRY LOOP  
City-St-Zip: CLEWISTON, FL 33440

Title: S (X) Change ( ) Addition  
Name: GREAVES, KATRICE  
Address: 1009 BAYBERRY LOOP  
City-St-Zip: CLEWISTON, FL 33440

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARTRICE GREAVES

S

09/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date