

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745821

FILED
May 11, 2005
Secretary of State

Entity Name: TRUE HOLINESS DELIVERANCE TABERNACLE, INC.

Current Principal Place of Business:

950 W. 13TH STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

950 W. 13TH STREET
SANFORD, FL 32771

New Mailing Address:

FEI Number: 16-1700860 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BRYANT, CARRIE BUIE
550 ELMCREST PLACE
DEBARY, FL 32713 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: SD () Delete
Name: DANIEL, JOAN
Address: 6708 CORDAY CT.
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: BRYANT, CARRIE B
Address: 550 ELMCREST PLACE
City-St-Zip: DEBARY, FL 32713

Title: TD () Delete
Name: NATHAN, RONALD,
Address: 567 ELMCREST PLACE
City-St-Zip: DEBARY, FL 32713

Title: SD () Delete
Name: DIXON, LORENZO,
Address: 297 ADELAINE ST
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: BUIE, CARSANDRA D
Address: 550 ELMCREST PLACE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: NATHAN, RONALD
Address: 567 ELMCREST PLACE
City-St-Zip: DEBARY, FL 32713

Title: SD (X) Change () Addition
Name: DIXON, LORENZO
Address: 297 ADELAINE ST
City-St-Zip: DEBARY, FL 32713

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARRIE BUIE BRYANT

P, D

05/11/2005

Electronic Signature of Signing Officer or Director

Date