

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745821

FILED
Apr 30, 2012
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 ()

Name and Address of Current Registered Agent:

CARRIE BUIE BRYANT
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
Name: DANIEL, JOAN
Address: 12206 WILLOW SPRINGS COURT
City-St-Zip: JACKSONVILLE, FL 32246

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

Title: C
Name: NATHAN, RONALD
Address: 567 ELMCREST PLACE
City-St-Zip: DEBARY, FL 32713

Title: TD
Name: DIXON, LORENZO SR
Address: 287 ADELAINE ST
City-St-Zip: DEBARY, FL 32713

Title: DVC
Name: BLUE, CARSANDRA D
Address: 104 ELLEN PLACE
City-St-Zip: SANFORD, FL 32771

Title: D
Name: BUIE, JAMES
Address: 1044 WILD PINE DRIVE
City-St-Zip: FAYETTEVILLE, NC 28312

I hereby 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 all other like empowered.

SIGNATURE: CARRIE B BRYANT

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date