

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 760890**

1. Entity Name

**DELIVERANCE TABERNACLE INCORPORATED****FILED****Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90085 020 \*\*\*\*61.25

0078787

Principal Place of Business

Mailing Address

**3001 N. 22ND ST.  
TAMPA FL 33605  
US****7211 SOUTH KISSIMMEE STREET  
TAMPA FL 33616**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2344763**Applied For  
Not Applicable5. 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

**DAVIS, ROY  
7211 SOUTH KISSIMMEE STREET  
TAMPA FL 33616**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	DAVIS, ROY	
STREET ADDRESS	7211 S. KISSIMMEE STREET	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CONAGE, LINDA	
STREET ADDRESS	1612 32ND AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ALEXANDER, YVONNE	
STREET ADDRESS	1206 14TH AVE.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEARD, JUDY	
STREET ADDRESS	1307 27TH AVE.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DELORIS	
STREET ADDRESS	7211 S. KISSIMMEE STREET	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, BARBARA	
STREET ADDRESS	4401 SNAPPER STREET	
CITY-ST-ZIP	TAMPA FL 33617	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Yvonne Alexander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/26/02** (813) **241-3594**

CR2E037 (9/01)