

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 760890

1. Entity Name
DELIVERANCE TABERNACLE INCORPORATED



Principal Place of Business

**3001 N. 22ND ST.
TAMPA, FL 33605 US**

Mailing Address

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



02112004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2344763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DAVIS, ROY
7211 S. KISSIMMEE STREET
TAMPA, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CONAGE, LINDA
1612 32ND AVE
TAMPA, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ALEXANDER, YVONNE
1206 14TH AVE.
TAMPA, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HEARD, JUDY
1307 27TH AVE.
TAMPA, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, DELORIS
7211 S. KISSIMMEE STREET
TAMPA, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOORE, BARBARA
4401 SNAPPER STREET
TAMPA, FL 33617**

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IN THIS SPACE**

00000066015
02/25/04-80061-010 \$1.25

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* *Yvonne Alexander* *2/19/04* *(513) 221-0450*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #