

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 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



04182005 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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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

000000323351  
04/22/05-80050-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 4/18/05 (813) 221-0450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #