


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 760890</b><br>1. Entity Name<br><b>DELIVERANCE TABERNACLE INCORPORATED</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>3001 N. 22ND ST.<br/>TAMPA, FL 33605 US</b> | Mailing Address<br><b>7211 SOUTH KISSIMMEE STREET<br/>TAMPA, FL 33616</b> |
|---|---|



04082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2344763</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

U000000508386  
04/28/06-80003-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/10/06 (813) 221-0450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #