

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90025 027 ****66.25

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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4401 Snapper St. Suite, Apt. #, etc.	
City & State Tampa, FL		4. FEI Number 59-2344763	
Zip 33617		Country Hillsborough	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, ROY 7211 SOUTH KISSIMMEE STREET TAMPA, FL 33616		7. Name and Address of New Registered Agent Name Moore, Barbara Street Address (P.O. Box Number is Not Acceptable) 4401 Snapper Street City Tampa, FL Zip Code 33617	
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 <u><i>Barbara Moore</i></u> Barbara Moore 1/19/07 <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, ROY 7211 S. KISSIMMEE STREET TAMPA, FL 00000. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cason III, Clarence <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8341 Riverboat Drive Tampa, FL. 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONAGE, LINDA 1612 32ND AVE TAMPA, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALEXANDER, YVONNE 1206 14TH AVE. TAMPA, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARD, JUDY 1307 27TH AVE. TAMPA, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DELORIS 7211 S. KISSIMMEE STREET TAMPA, FL 00000. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BARBARA 4401 SNAPPER STREET TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Moore, Barbara <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4401 Snapper Street Tampa, FL. 33617
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: <u><i>Yvonne Alexander</i></u> Yvonne Alexander 1/19/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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