

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761556 (0)**

1. Corporation Name
THE TABERNACLE OF PRAYER AND DELIVERANCE INCORPORATED



Principal Place of Business
**415 SOUTH CENTRAL AVE.
APOPKA FL 32703
US**

Mailing Address
**P.O. BOX 555336
ORLANDO FL 32805-6306
US**

3. Date Incorporated or Qualified: **01/21/1982**
3a. Date of Last Report: **03/23/1995**

4. FEI Number: **59-2584418**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 2a. Mailing Address
26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, GEORGIA ANN
2221 PATTERSON AVE.
ORLANDO FL 32811**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **GEORGIA ANN HILL/PD** *Georgia Ann Hill* DATE **3/6/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **VD ROBERSON, THRETHA**
STREET ADDRESS **4320 PRINCE HALL BLVD**
CITY-ST-ZIP **ORLANDO FL**

TITLE DELETE
NAME **PD HILL, GEORGIA A.**
STREET ADDRESS **2221 PATTERSON AVE.**
CITY-ST-ZIP **ORLANDO FL**

TITLE DELETE
NAME **SD PROUDFOOT, CHARMAINE L.**
STREET ADDRESS **2221 PATTERSON AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Georgia Ann Hill* **GEORGIA ANN HILL** DATE **3/6/96** (407) 422-9615
Signature and typed or printed name of signing officer or director. Day/Time Phone #

CP2E037 (12/95)