NONPROFIT CORPORATION ANNUAL REPORT

1999



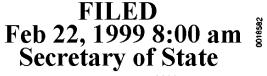
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 761556

THE TABERNACLE OF PRAYER AND DELIVERANCE INCORPO RATED



02-22-1999 90089 008 ****70.00

Principal Place of Business Mailing Address						7	•		
415 SOUTH CE	entral ave.	P.O. BOX 555336	P.O. BOX 555336						
APOPKA FL 32	703	ORLANDO FL 32855							
US		US				1 (1011) 10110 11111 11111 11111			
						·		•	
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed			1
21		26				*01/21/1982	•	~	·
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number		Apr	lied For
22	.,	27				59-2584418	ı	Not	Applicable
City & Stat	e	City & State				5 C VI I SCHOOL Desired		\$8.75 A	dditional
23		28			5. Certificate of Status Desired	Æ .	Fee Rec	quired	
Zip	Country	Zip	Coun	itry		6. Election Campaign Financing		\$5.00	May Be
24	25	29 30				Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered /	Agent	
			;	81	Name		•		
HILL, GEORGIA ANN				82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
	TERSON AVE.					000 (7:0: 20x /12:112:11			
ORLANDO			[83					
0.12.1100	TE SESTI		-	84	City			85 Zip C	ode
			'	04	City	•	FL	103 2.50	
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									
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	orizea	DY t	ne corporatio	on's board of directors. I hereby acce	ot the appoir	ilment as reg	Izreien
-		VIA O	01.71		A. Kil	// -	1/6	/00	
SIGNATURE Goraia A Hill Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.					signature require	d when reinstating)	1/6		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	VD	☐ DELETE	1.1 1111	Æ	1	VD		Change	Addition
NAME	ROBERSON, THRETHA		1.2 NA	ΜE	- 1	ROBERSON, THRETHA			
STREET ADDRESS	4320 PRINCE HALL BLVD		1.3 STR	REET.	ADDRESS	4607 WASSEE CT.	•		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY	Y-ST	-ZIP	ORLANDO FL 32	010		
TITLE	PD	☐ DELETE	2.1 TITL	E		OKBANDO I B	.010	Change	☐ Addition
NAME	HILL, GEORGIA A:		2.2 NAN	ΜE		i.			
STREET ADDRESS	2221 PATTERSON AVE.		2.3 STR	REET	ADDRESS	w	-		
CITY-ST-ZIP	ORLANDO FL		2.4 CIT	Y-ST	r-ZIP				
TITLE	SD	☐ DELETE	3.1 TITL	E				Change	☐ Addition
NAME	NELSON, AZIKALEN T		3.2 NAN	ΜE					
STREET ADDRESS	2221 PATTERSON AVENUE		3.3 STR	REET.	ADDRESS				٠,
CITY-ST-ZIP	ORLANDO FL		3.4. CIT	Y-ST	r-ZIP	·		.,	
TITLE		☐ DELETE	4.1 TITL	LE				Change	☐ Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET.	ADDRESS				ĺ
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP				
TITLE		☐ DELETE	5.1 TITL	LE				☐ Change	☐ Addition
NAME			5.2 NAN	ME					
STREET ADDRESS			5.3 STR	REET.	ADDRESS	•		÷	
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP	•			
TITLE		☐ DELETE	6.1 TITL	E				☐ Change	Addition
NAME		•	6.2 NAA	ME		•			
STREET ADDRESS			6.3 STF	REET.	ADDRESS				İ
STREET ADDRESS	I				1				

14. 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 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, with all other like empowered.

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