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

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 761556

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 32855
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/21/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2584418

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

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 A. Hill
 Signature, typed or printed name of registered agent and title if applicable.

Georgia A. Hill
 (NOTE: Registered Agent signature required when reinstating)

1/6/99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
 1.2 NAME VD ROBERSON, THRETHA
 1.3 STREET ADDRESS 4607 WASSEE CT.
 1.4 CITY-ST-ZIP ORLANDO FL 32818

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

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

TITLE DELETE
 NAME SD NELSON, AZIKALEN T
 STREET ADDRESS 2221 PATTERSON AVENUE
 CITY-ST-ZIP ORLANDO FL

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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.

SIGNATURE: Georgia A. Hill REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 422-9615
 Daytime Phone #

CR2E037 (1/98)