

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004898

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** TABERNACLE OF REFUGE DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

2201 NW 22ND ST  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

16031 NE 19 PL  
APT 4  
N MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 65-1121735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RUSSELL, STEFAN  
7481 SW 10 COURT  
#102C  
NORTH LAUDERDALE, FL 33068 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RUSSELL, STEFAN P  
Address: 2201 NW 22ND ST  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TD ( ) Delete  
Name: CARTWRIGHT, MARGARET  
Address: 16031 NE 19 PL APT 4  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SD ( ) Delete  
Name: ARNETT, DORNELL  
Address: 7481 SW 10 COURT #102-C  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEFAN P. RUSSELL

PD

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date