## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009125

FILED May 05, 2005 Secretary of State

Entity Name: TABERNACLE DELIVRANCE DE JESUS-CHRIST, INC.

Current Principal Place of Business: New Principal Place of Business:

312 ORANGE AVENUE 1313 ORANGE AVENUE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

312 ORANGE AVENUE 1313 ORANGE AVENUE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950

FEI Number: 13-4285560 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ESTIMA, BERACHA PASTOR 312 NORTH 12TH STREET FORT PIERCE, FL 34950 US

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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 ESTIMA, BERACAH
 Name:
 MELLON, BERACAH E P

 Address:
 312 N. 12TH STREET
 Address:
 312 N. 12TH STREET

 City-St-Zip:
 FORT PIERCE, FL 34950
 FORT PIERCE, FL 34950

Title: SD () Delete Title: SD (X) Change () Addition

Name: MENDENHALL, MARIE Name: MENDENHALL, MARIE E
Address: 2107 WARE DRIVE Address: 2107 WARE DRIVE

City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 MELLON, JEAN BERNEX
 Name:
 MELLON, JEAN BERNEX

 Address:
 2349 WABASSO DRIVE
 Address:
 312 N 12TH STREET

 City-St-Zip:
 WEST PALM BEACH, FL 33409
 City-St-Zip:
 FORT PIERCE, FL 34950 US

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: BERACAH E MELLON P 05/05/2005