

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009125

FILED
Sep 03, 2008
Secretary of State

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

Current Principal Place of Business:

505 N. 13TH STREET
SUITE #1
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

312 N. 12TH STREET
FORT PIERCE, FL 34950

New Mailing Address:

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

ESTIMA, BERACAH PASTOR
312 NORTH 12TH STREET
FORT PIERCE, FL 34950 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: MELLON, BERACAH E P
Address: 312 N. 12TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: SD () Delete
Name: MENDENHALL, MARIE E
Address: 2107 WARE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD () Delete
Name: MELLON, JEAN BERNEX
Address: 312 N 12TH STREET
City-St-Zip: FORT PIERCE, FL 34950 US

Title: D () Delete
Name: ESTIMA, FRED D
Address: 302 N. 12TH ST.
City-St-Zip: FORT PIERCE, FL 34950 US

Title: D () Delete
Name: GENESTIN, ANDRE V D
Address: 1784 NCONGRESS AVE.
City-St-Zip: WEST PALM BEACH, FL 33409 US

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:

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 exemption stated in Chapter 119, 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 ESTIMA MELLON

PAST

09/03/2008

Electronic Signature of Signing Officer or Director

Date