

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-14-2005 90065 016 ****61.25
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SECURITY
TALLAHASSEE STATE
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DOCUMENT # N04000011140

1. Entity Name
TABERNACLE OF PRAISE DELIVERANCE CHURCH
MINISTRY, INC.



Principal Place of Business
P.O. BOX 206
BAINBRIDGE, GA 39819

Mailing Address
P.O. BOX 206
BAINBRIDGE, GA 39819

2. Principal Place of Business
114 N. MADISON
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2251
Suite, Apt. #, etc.

City & State
QUINCY, FLORIDA
Zip
32351
Country
GADSDEN

City & State
QUINCY, FLORIDA
Zip
32351
Country
GADSDEN

6. Name and Address of Current Registered Agent

FRISON, ARDELLA B
330 HOLT LANE
QUINCY, FL 32351

7. Name and Address of New Registered Agent

NAME
STREET ADDRESS (P.O. Box Number is Not Acceptable)
CITY
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ardeella B. Frison* DATE: 02-07-05

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing: Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRISON, ARDELLA 330 HOLT LANE QUINCY, FL 32351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP FRISON, ARCHIE LEE 330 HOLT LANE QUINCY, FL 32351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, AARZKAT 115 LILLIAN SPRING ROAD QUINCY, FL 32351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSTICK, AMOS 80 NORTH MARTY ST QUINCY, FL 32351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY WILSON, AARZKAT F. 115 LILLIAN SPRING ROAD QUINCY, FLORIDA 32351	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCE SECRETARY WILSON, DERRICK L. 115 LILLIAN SPRING ROAD QUINCY, FLORIDA 32351	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ardeella B. Frison* DATE: 02-07-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #