

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011140

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



Principal Place of Business
114 N. MADISON
QUINCY, FL 32351

Mailing Address
PO BOX 2251
QUINCY, FL 32351

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142008

Chg-NP

CR2E037 (12/06)

4. FEI Number
42-1647309

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

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 P ☐ Delete
NAME FRISON, ARDELLA
STREET ADDRESS 330 HOLT LANE
CITY-ST-ZIP QUINCY, FL 32351

TITLE CP ☐ Delete
NAME FRISON, ARCHIE LEE
STREET ADDRESS 330 HOLT LANE
CITY-ST-ZIP QUINCY, FL 32351

TITLE S ☐ Delete
NAME FRISON, ARPRYLLA
STREET ADDRESS 330 HOLT LANE
CITY-ST-ZIP QUINCY, FL 32351

TITLE T ☐ Delete
NAME BOSTICK, AMOS
STREET ADDRESS 80 NORTH MARTY ST
CITY-ST-ZIP QUINCY, FL 32351

TITLE FS ☐ Delete
NAME WILLIAMS, TAMARA
STREET ADDRESS 1467 NASHVILLE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300133267613
CITY-ST-ZIP 708--01011--002 **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUL 14 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



B 7/14/08

07-14-08