

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003873

FILED
Feb 05, 2009
Secretary of State

Entity Name: NEW DELIVERANCE TABERNACLE, INC.

Current Principal Place of Business:

3001 N 22ND STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

3001 N 22ND STREET
TAMPA, FL 33605

New Mailing Address:

FEI Number: 20-8676447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, BARBARA
4401 SNAPPER STREET
TAMPA, FL 33617 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: DP () Delete
Name: MOORE, BARBARA
Address: 3001 N 22ND STREET
City-St-Zip: TAMPA, FL 33605

Title: DS () Delete
Name: ALEXANDER, YVONNE
Address: 1206 14TH AVE
City-St-Zip: TAMPA, FL 33605

Title: DV () Delete
Name: CONAGE, LINDA
Address: 1612 32ND AVE
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: HEARD, JUDY
Address: 1307 27TH AVE
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: CASON, III, CLARENCE
Address: 8341 RIVERBOAT DRIVE
City-St-Zip: TAMPA, FL 33637

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: YVONNE ALEXANDER

DS

02/05/2009

Electronic Signature of Signing Officer or Director

Date