

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004781

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** HOLY BIBLE CHURCH OF REALITY DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

2806 N. 22ND ST.  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

8766 KEY BISCAYNE DRIVE, #206  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 59-3209337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELLS, DERRICK L  
8766 KEY BISCAYNE DRIVE, #206  
TAMPA, FL 33614 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  
Name: WEBBER, RASHANDA  
Address: 3910 BLACKBURN LANE, #43  
City-St-Zip: BURTONSVILLE, MD 20866

Title: VD  
Name: WELLS, DERRICK L JR  
Address: 10117 TOWHEE AVE  
City-St-Zip: ADELPHI, MD

Title: D  
Name: WELLS, LULA  
Address: 7920 ALLENDALE DR  
City-St-Zip: LANDOVER, MD 20785

Title: SD  
Name: WELLS, NENA  
Address: 7920 ALLENDALE DR  
City-St-Zip: LANDOVER, MD 20785

Title: TRD  
Name: WELLS, MICHAEL  
Address: 6428 BEAR CT  
City-St-Zip: WALDORF, MD 20603

Title: D  
Name: WELLS, DESTINY  
Address: 10117 TOWHEE AVE.  
City-St-Zip: ALDEPHI, MD

I hereby 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 all other like empowered.

SIGNATURE: RASHANDA WEBBER

PD

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date