

ANNUAL REPORT
1997



Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 11 1997 8:00am
Secretary of State

DOCUMENT # N94000,0060294
1. Corporation Name
Tabernacle of Prayer and Deliverance, Inc. of Manatee Co
411 7th Street East
Bradenton, Florida 34208

Principal Place of Business Mailing Address
Tabernacle of Prayer and Deliverance, Inc. of Manatee Co
411 7th Street East
Bradenton, FL 34208

3. Date Incorporated or Qualified 12/27/94 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Tabernacle of Prayer Inc 2b 411 7th Street East

4. FEI Number 65-0571635 Approved For Not Applicable

22 Suite Apt # etc Suite Apt # etc
23 City & State City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Bradenton, Florida 2b Bradenton, Florida

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 34208 25 U.S. 26 34208 27 Country U.S.

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rose Simmons
2517 17th Street East
Bradenton, Florida 34208

11 Name
12 Street Address (P.O. Box Number is Not Acceptable)
13
14 City FL 15 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE Patricia Marshall Secretary 955 + pastor Sammie Vinson / Dennis Bala Miller DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 NAME D Rose Simmons 12 STREET ADDRESS 2517 17th Street East 13 CITY-STATE-ZIP Bradenton, FL 34208	10 DELETE <input checked="" type="checkbox"/>	11 TITLE Pastor	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME D Dana Houston 12 STREET ADDRESS 1610 17th Street East 13 CITY-STATE-ZIP Bradenton FL 34208	10 DELETE <input type="checkbox"/>	21 TITLE Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11 NAME Lashawn Houston 12 STREET ADDRESS 1610 17th Street East 13 CITY-STATE-ZIP Bradenton FL 34208	10 DELETE <input checked="" type="checkbox"/>	22 NAME 1 Samuel Vinson 23 STREET ADDRESS 405 Central Ave 24 CITY-STATE-ZIP Sarasota Fla. 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME Joannie Mathis 12 STREET ADDRESS 5624 7th St Ct East 13 CITY-STATE-ZIP Bradenton FL 34208	10 DELETE <input checked="" type="checkbox"/>	31 TITLE D Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME T Juanita Hines 12 STREET ADDRESS 923 25th Street East 13 CITY-STATE-ZIP Bradenton FL 34208	10 DELETE <input type="checkbox"/>	32 NAME D Patricia Marshall 33 STREET ADDRESS 3109A West Clox Street 34 CITY-STATE-ZIP Immokalee FL 34142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME T Tamie Miller 12 STREET ADDRESS 1810 Morrell St #205 13 CITY-STATE-ZIP Sarasota FL 34236	10 DELETE <input type="checkbox"/>	41 TITLE T Asst Accountant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME T 12 STREET ADDRESS 600002236746 13 CITY-STATE-ZIP -07/14/97--01005--011 ***61.25	10 DELETE <input type="checkbox"/>	42 NAME T 43 STREET ADDRESS 1810 Morrell St #205 44 CITY-STATE-ZIP Sarasota FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME T 12 STREET ADDRESS 600002236746 13 CITY-STATE-ZIP -07/14/97--01005--011 ***61.25	10 DELETE <input type="checkbox"/>	51 TITLE T 52 NAME T 53 STREET ADDRESS 1810 Morrell St #205 54 CITY-STATE-ZIP Sarasota FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 of this report, unchanged or on an attachment with an address.

SIGNATURE: Juanita Hines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)