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NONPROFIT CORPORATION **ANNUAL REPORT** 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N94000006294

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90152 021 *****8.75 04-14-1999 90152 022 ****62.00

1. Corporation Name						1	,			
Tabernacle of Brayer and Deliverance Inc. of Maratas Co.										
Tabernacle of Prayer and Deliverance, Inc. of Manatee Co. Principal Place of Business Mailing Address										
							42 23	·		
Tabernacle Of Prayer and Tabernacle of Prayer and and Deliverance Inc of Manatee Co Deliverance, Inc of Manatee Co					I					
411 7t		411 7th			11000	~ .				
Braden	ton, FL 34208	Bradent	on, F	L 34	1208	1				_
2. Principal Place of Business 2a. Mailing Address						rated or Qualified			1	
Same As Above 26 Same as Above Suite, Apt. #, etc. Suite, Apt. #, etc.			ve_		12/27/9 4. FEI Number	4		pplied For	-	
22 22	0 , 816.	27	, 616.			65-0571	635	— —	ot Applicable	<u> </u>
City & Stat	e	City & State			5. Certificate of		\$8.75 A	 _	1	
23	- <u></u>	28	8			<u></u>		Fee Requi		_
Zip	Country	Zip	500	Country	1	L	paign Financing	\$5.00 N Added to F	•	1
24	25 9. Name and Address of Current	29 Registered Agent	30			Trust Fund C	ddress of New Regist			4
<u></u>	5. Name and Address of Content	registered rigent		81	Name	TV. Hume and A	outcas of feet regist	cred rigeria		┪
-				<u> </u>						_
Rose V	. Simmons			82	Street A	ddress (P.O. Box Num	dress (P.O. Box Number is Not Acceptable)			
	7th Street East			83	 -					1
1	ton, FL 34208			 				Tool St.	 	4
				84	City			= L 86 Zip	Code	l
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Flo	rida Statute	s, the at	ove-nam	ed corporation submits	this statement for the	purpose of cha	anging its	1
registered as registe	office or registered agent, or both, in red agent: I am familiar with, and acce	the State of Florida opt the obligations (. Such chan of, Section 6	nge was 317.0503	authorize 3. Florida :	d by the corporation's t Statutes.	poard of directors. I her	eby accept the	appointmen	*
SIGNATURE		•								1_
	signature, typed or printed name of register			<u> </u>	: Registere	d Agent signature require		DATE		1/98)
12.	OFFICERS AND DI	RECTORS		13.		ADDITIONS/CHAN	IGES TO OFFICERS A			
πιε	D-Pastor			1.1 TIME		ı		Change	Addition	١٨.
NAME STREET ADDRESS	Rose V. Simmons 2513 17th Street	. Pact		1.2 NAME	ET ADDRESS					E03
CITY - ST - ZIP	Bradenton, FL 34			1.4 CITY -						
TITLE	D- Assistant Pas			2.1 TITLE				Change	Addition	, C
NAME	Sammie L. Vinson			2.2 NAME	ĺ			·		1
STREET ADDRESS	405 Central Ave			2.3 STREE	ET ADDRESS					1
CITY - ST - ZIP	Sarasota, FL 342	236	1	2.4 CITY-	ST - ZIP					_]
TITLE	T-Accountant	x	DELETE	_	•	תווס ביי יייי	i i	★ Change	Addition	1
NAME	Juanita Hines		1	V	ΛΛ		ler	e		
STREET ADDRESS	923 25th St East			-1	1 dl\$\	0 00 A	ll St #20 FL 34236	5		1
CITY-ST-ZIP	Bradenton, FL 34	206			411	Cary,		<u> </u>	Tr Addison	-
NAME	•		DELETE	L	U^{U}	4	rator hnson	Change	X Addition	Ί
STREET ADDRESS			i	Civr	\mathcal{T}	// An				l l
CITY-ST-ZIP-		_	!		α		FL 34208			1
TITLE	D-Secretary	X	DELET	<i>V</i> .			cretary	X Change	Addition	7
NAME	Janine Campbell		<u>1.</u>				pbell	•		1
STREET ADDRESS	405 60th Ave Dr			5.3 STREE	ET ADDRESS	400-00-	Ave Dr E			1
CITY - ST - ZIP	Bradenton, FL 34			5.4 CITY-	ST - ZIP		, FL 34203			1
IIILE	S-Assistant Secr	etary x	DELETE	0.1 TITLE			Secretary	X Change	Addition	۱(
NAME	Erma Fordham			6.2 NAME		Erma Ford				1
STREET ADDRESS	716 22nd St E. Bradenton, FL 34	200	1	6.3 STREE	T ADDRESS	716 22nd S	St E 34208			1
CITY - ST - ZIP				6.4 CITY-	ST - ZIP	Bradenton	, <u>г</u> 34208	Cough and a series of	had the	Ţ
14. I Dereby Co	ertify that the information supplied with	i inis filina does no	nuality for i	ına axan	nntion stai	ea in Section 119.07(3	son Florida Statules, l'	iuither ceftify i	ınat toə	

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; 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 12 or Block 13 or on an attachment with an address, with all other like empowered.

SIG	NAT	URE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #