DOCUMENT # N94000006294

1. Entity Name

TABERNACLE OF PRAYER AND DELIVERANCE, INC. OF MA

FILED

00 MAR 31 AM 7:54

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
411 17TH ST E BRADENTON FL 34208	411 17TH ST E BRADENTON FL 34208-1424

2. Principal Place of Business	3. Mailing Address
1300 17th Ave West	1300 17th Ave. West
Suite, Apt. #, etc. Bradenton	Suite, Apt. #, etc. Bradenton
City & State Fla.	City & State Fla.
Zip 34205 Country	Zip 34205 Country

4. FEI Number 65-0571635 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMMONS, ROSE 2513 17TH STREET EAST BRADENTON FL 34208	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.

SIGNATURE Rose V. Simmons Rose V. Simmons 2-23-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SIMMONS, ROSE 2513 17TH STREET EAST BRADENTON FL 34208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VINSON, SAMMIE L 405 CENTRAL AVE SARASOTA FL 34208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~A~~ ~~HINES, JUANITA~~ ~~923 25TH ST. EAST~~ ~~BRADENTON FL 34208~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Administrator Cornelia DeLores Johnson 1632 27th Ave. Dr. East Bradenton, Fl 34208	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, JANINE 405 60TH AVE DR. E BRADENTON FL 34208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Tammie Miller 1810 Morrell St. #205 Sarasota, Fla. 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AS~~ ~~FORDHAM, ERMA~~ ~~716 22ND ST. E~~ ~~BRADENTON FL 34208~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ ~~CAMPBELL, JANINE~~ ~~405 60TH AVE. DR. EAST~~ ~~BRADENTON FL 34203~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/4/00 90079/030 $70.00	Change ddition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cornelia D. Johnson Cornelia D. Johnson 2-23-00 941-746-3184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #