2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006294

FILED Mar 02, 2006 Secretary of State

Entity Name: TABERNACLE OF PRAYER AND DELIVERANCE, INC. OF MANATEE CO.

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	H STREET WEST TON, FL 34205			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	H STREET WEST TON, FL 34205			
El Number	r: 65-0571635 FEI Number Applied For () FEI Number Not Applicable () Certificate of	Status Desired ()	
Name and	d Address of Current Registered Ager	nt: Name and Address of New Register	ed Agent:	
1018 5TH	ROSE V PSTR STREET WEST TON, FL 34205 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or regist	ered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registere	d Agent Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS	
OFFICER Fitle: Name: Address: City-St-Zip:	P () Delete MOBLEY, ROSE V PASTOR 1018 5TH STREET WEST BRADENTON, FL 34205 US	ADDITIONS/CHANGES TO OFFICER Title: () Change () Add Name: Address: City-St-Zip:		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	P () Delete MOBLEY, ROSE V PASTOR 1018 5TH STREET WEST	Title: () Change() Ad Name: Address:	dition	
Γitle: √ame: √ddress:	P () Delete MOBLEY, ROSE V PASTOR 1018 5TH STREET WEST BRADENTON, FL 34205 US V () Delete JONES, JOHNNY ASST. P 2202 28TH ST CT W	Title: () Change () Address: Address: City-St-Zip: Title: () Change () Address: Address:	dition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Name: Name: Name:	P () Delete MOBLEY, ROSE V PASTOR 1018 5TH STREET WEST BRADENTON, FL 34205 US V () Delete JONES, JOHNNY ASST. P 2202 28TH ST CT W PALMETTO, FL 34221 US S () Delete MORLEY, MARGARET 2139 6TH STREET	Title: () Change () Add Name: Address: City-St-Zip: Title: () Change () Add Name: Address: City-St-Zip: Title: () Change () Add Name: Address: City-St-Zip:	dition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MILLER, TAMMIE T 03/02/2006