

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001538

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** NEW LIFE TABERNACLE OF DELIVERANCE, INC.

**Current Principal Place of Business:**

15880 N.W. GAINESVILLE RD  
REDDICK, FL 32686

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 148  
REDDICK, FL 32686

**New Mailing Address:**

**FEI Number:** 59-3379063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVANS, FONDALE V  
6892 N.W. 178 PL.  
REDDICK, FL 32686 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: P  
Name: EVANS, FONDALE V  
Address: P.O. BOX 148  
City-St-Zip: REDDICK, FL 32686

Title: S  
Name: EVANS, BARBARA J  
Address: P.O. BOX 148  
City-St-Zip: REDDICK, FL 32686

Title: D  
Name: LAMAR, ALPHONSO  
Address: 7443 NW 55TH AVE  
City-St-Zip: OCALA, FL 34482 US

Title: D  
Name: BERRY, ELIZABETH V  
Address: 10429 NW 193RD ST.  
City-St-Zip: MICANOPY, FL 32667 US

Title: D  
Name: LAMAR, KATRINA L  
Address: 7443 NW 55TH AVE.  
City-St-Zip: OCALA, FL 34482 US

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: FONDALE V. EVANS

P

01/06/2010

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

\_\_\_\_\_  
Date