

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005546

FILED
Apr 29, 2008
Secretary of State

Entity Name: LIBERTY TRUTH & DELIVERANCE TABERNACLE OF GOD INC.

Current Principal Place of Business:

105 N 15 STREET
FT PIERCE, FL 34954

New Principal Place of Business:

Current Mailing Address:

105 N. 15TH STREET
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 65-0873199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPELAND, BARBARA J
3404 AVE S
FT PIERCE, FL 34947 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 () Delete
Name: COPELAND, WILLIAM REV
Address: 3404 AVE. S.
City-St-Zip: FT. PIERCE, FL 34947

Title: T () Delete
Name: KING, DENESIA E
Address: 607 N. 23RD STREET
City-St-Zip: FORT PIERCE, FL 34947

Title: T () Delete
Name: SEAY, FRANK
Address: 481 NE CAMELOT DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T () Delete
Name: MCBRIDE, ANGEL
Address: 604 S. 7TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: T () Delete
Name: VON BROWN, JERO
Address: 2203 AVE.
City-St-Zip: FORT PIERCE, FL 34950

Title: T. () Delete
Name: SEAY, ADRINA
Address: 481 NE CAMELOT DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: OVERSEER/ BARBARA J.COPELAND

VICE

04/29/2008

Electronic Signature of Signing Officer or Director

Date