

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745821

Entity Name: TRUE HOLINESS DELIVERANCE TABERNACLE, INC.**Current Principal Place of Business:**950 W. HISTORIC GOLDSBORO BLVD.
SANFORD, FL 32771**Current Mailing Address:**950 W. 13TH STREET
SANFORD, FL 32771**FEI Number: 16-1700860****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CARRIE BUIE BRYANT
550 ELMCREST PLACE
DEBARY, FL 32713 US*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**Officer/Director Detail :**

Title	SD
Name	DANIEL, JOAN
Address	12206 WILLOW SPRINGS COURT
City-State-Zip:	JACKSONVILLE FL 32246

Title	PD
Name	BRYANT, CARRIE B
Address	550 ELMCREST PLACE
City-State-Zip:	DEBARY FL 32713

Title	C
Name	NATHAN, RONALD
Address	567 ELMCREST PLACE
City-State-Zip:	DEBARY FL 32713

Title	TD
Name	DIXON, LORENZO SR
Address	287 ADELAINE ST
City-State-Zip:	DEBARY FL 32713

Title	DVC
Name	BUIE, CARSANDRA D
Address	104 ELLEN PLACE
City-State-Zip:	SANFORD FL 32771

Title	D
Name	BUIE, JAMES
Address	1044 WILD PINE DRIVE
City-State-Zip:	FAYETTEVILLE NC 28312

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: CARSANDRA D. BUIE**DIRECTOR****05/10/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date