

**2017 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-VICE CHAIR****05/01/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date