

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90066 004 \*\*\*\*61.25

**DOCUMENT # 723559**

Entity Name

**ST. THOMAS CHURCH OF GOD IN CHRIST, INC.**

Principal Place of Business      Mailing Address  
 1400 DIVISION AVENUE  
 P.O. BOX 4492  
 WEST PALM BEACH FL 33401-2524

Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

400 Division Ave.  
 City & State      City & State

City & State      City & State

Zip      Country      Zip      Country

3401      Palm Beach

4. FEI Number      Applied For  
 05-0093100      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FLETCHER, SOLOMON**  
**1005 NW 12TH STREET**  
**FT. LAUDERDALE FL 33311**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

**OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

ADDRESS ST-ZIP	DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE	ADDITION
DAS CAMPBELL, THEOPHILUS 500 WEST 29TH STREET RIVIERA BEACH FL	<input type="checkbox"/>	Trustee Talisa Hampton 401 Executive Center Drive #K106 West Palm Beach, Florida 33401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DP SOLOMON, FLETCHER 1005 NW 12TH STREET FT LAUDERDALE FL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
DS JONES, JENNIE V 1501 CRESCENT CIR. #B10 LAKE PARK FL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
DD JONES, YOLANDA 1806 ABBEY ROAD #D105 WEST PALM BEACH FL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Solomon Fletcher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      Daytime Phone #