


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 15, 2003 8:00 am
Secretary of State

07-15-2003 90021 026 ****61.25

DOCUMENT # 723559
1. Entity Name
ST. THOMAS Church of GOD IN Christ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Church
Suite, Apt. #, etc.
1400 Division Ave
City & State
W. Palm Bch, FL

3. Mailing Address
P.O. Box 4492, WPB FL
Suite, Apt. #, etc.
City & State
W. Palm Bch, FL
Zip
33401 Country
Palm Bch Zip
33402 Country

4. FEI Number _____ Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FEE IS \$61.25
Initial or Amended UBR**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ELDER Solomon Fletcher 1205 N.W. 12 STREET FT. LAUDERDALE FL 33311</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ELDER Theophilus Campbell 500 W. 29th ST Palm Beach, FL 33404</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ELDER Samuel Boone 4938 Carol beam BLVD W. Palm Bch, FL 33407</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MISSIONARY Talisa Hampton 401 Executive CTR DR. # 2106 W. Palm Beach, FL 3340</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY Jennie V. Jones 1561 Crescent CR # B10 LAKE PARK FL, 33403</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pastor Solomon Fletcher May 9, 2003

CR2E037B (12/02)