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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

757921

DOCUMENT #	757921	(2)	
ST. THOMAS TRUE GOD, INC.	Tabernacle Deliv	ERANCE TEMPLE OF	
Principal Place of Business	Mail	ling Address	
1125 N.W. 6TH ST.	11	25 N.W. 6TH ST.	



GOD, INC	C.							
ncipal Place of E	Business	Mailing Address						
125 N.W. 6TH S	ST.	1125 N.W. 6TH ST.	33311					
FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33		JUN 1		3. Date incorporated or Qualified	3a. Date o			
					05/07/1981		/12/199	<u> </u>
	<u> </u>	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
Principal Flace of Eddinoss		<del>-</del> -			05-0263400			t Applicable
	to	Suite, Apt. #, etc.	<u></u>		5. Certificate of Status Desired		\$8.75 A	
Suite, Apt. #, e	πC.	27 Suite, Apr. #, etc.	_				Fee Rec	
City & Char		City & State			Election Campaign Financing     Cantribution		\$5.00 to Added to	
City & State		28	<del></del> -		Trust Fund Contribution			
Zip	Country	Zip	<b>├</b> ¬	untry	This corporation has liability for in  Florida Statutes	intangible tax u □ Yes □ No	سينو⊢ <b>s</b> . 1{ 0	004,
	25	29	30	<del></del>	Florida Statutes  10. Name and Address of New Re			
	9. Name and Address of Curre			gt Nie	IV. INDINE DITU MUDIESS OF INEW H			
				81 Name		10)		
THOMAS, PASTOR WILBY 435 N.W. 13 AVENUE FORT LAUDERDALE FL 33311			82 Street Ac	ddress (P.O. Box Number is Not Acceptabl	ne)		_	
			83					
			69			Ter 1 -	Sodo	
				84 City	poration submits this statement for the pur poard of directors. I hereby accept the appo	FLI	11	Code
	ignature, typed or printed name of registered ag- OFFICERS A	AND DIRECTORS	13	3.	quired when reinstating! ADD(1)ONS/CHANGES TO OFF	DATE FICERS AND D	DIRECTOR	RS IN 12
12.		DELETE	1.1	1 TITLE		<u> </u>	⊐ ∧uauge	
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14. I do hereby certify that the information supplied with this hiling is voluntarily runnished all outes not qualify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96 954-731-6768