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

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT** #

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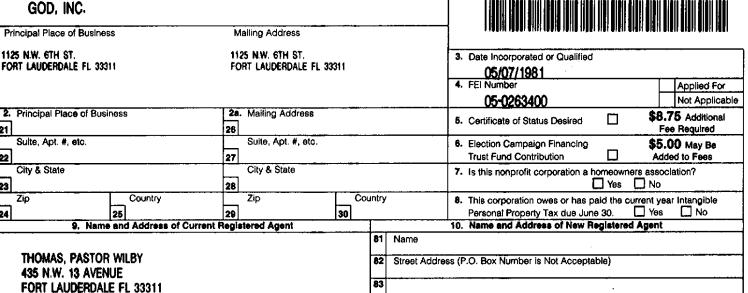
Zip

ST. THOMAS TRUE TABERNACLE DELIVERANCE TEMPLE OF

GOD, INC. Principal Place of Business Mailing Address 1125 N.W. 6TH ST. 1125 N.W. 6TH ST.

## FILED Mar 13 1998 8:00am Secretary of State

Zip Code



11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

84 City

**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE THOMAS, WILBY B. 1.2 NAME NAME 435 N.W. 13 AVE. STREET ADORESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETË ☐ Change ■ Addition TITLE 2.1 TITLE THOMAS, JOHNNIE 22 NAME NAME 435 N.W. 13 AVE. STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition ASD 3.1 TITLE TITLE DAMES, BERTHA NAME 3.2 NAME 1033 N.E. 17TH TERR.,#1 3.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETÉ 4.1 TITLE Addition TITLE FRANKLIN, GWENDOLYN NAME 4.2 NAME 3530 N.W. 18 PLACE STREET ADDRESS 4.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change \_\_ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.