

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90061 047 ****66.25

0003102

DOCUMENT # 757921

1. Entity Name

ST. THOMAS TRUE TABERNACLE DELIVERANCE TEMPLE OF

Principal Place of Business

1125 N.W. 6TH ST.
 FORT LAUDERDALE FL 33311

Mailing Address

1125 N.W. 6TH ST.
 FORT LAUDERDALE FL 33311

C0045955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0263400

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, PASTOR WILBY
435 N.W. 13 AVENUE
FORT LAUDERDALE FL 33311

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.

SIGNATURE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME THOMAS, WILBY B.
 STREET ADDRESS 435 N.W. 13 AVE.
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME THOMAS, JOHNNIE
 STREET ADDRESS 435 N.W. 13 AVE. *deceased*
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VO Change Addition
 NAME SANDRA SKNOWLES
 STREET ADDRESS 1741 N.W. 28th. Avenue
 CITY-ST-ZIP Fort Lauderdale, Fla. 33311

TITLE ASD Delete
 NAME DAMES, BERTHA
 STREET ADDRESS 1033 N.E. 17TH TERR., #1
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME FRANKLIN, GWENDOLYN
 STREET ADDRESS 3530 N.W. 18 PLACE
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilby B. Thomas*
SIGNATURE REQUIRED **WILBY B. THOMAS** **4/9/2001** **754-763-1254**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)