

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0026264

**DOCUMENT # 757921**

1. Entity Name  
**ST. THOMAS TRUE TABERNACLE DELIVERANCE TEMPLE OF GOD, INC.**

03-31-2002 90347 014 \*\*\*\*70.00

Principal Place of Business <b>105 N.W. 6TH ST.                  FORT LAUDERDALE FL 33311</b>	Mailing Address <b>1125 N.W. 6TH ST.                  FORT LAUDERDALE FL 33311</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>05-0263400</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	-----	---------	--

6. Name and Address of Current Registered Agent  
~~THOMAS, PASTOR WILBY~~  
**435 N.W. 13 AVENUE  
 FORT LAUDERDALE FL 33311**

7. Name and Address of New 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.

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

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD THOMAS, WILBY B. 435 N.W. 13 AVE. FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD DAMES, BERTHA 1033 N.E. 17TH TERR., #1 FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete <i>Left Organization</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD FRANKLIN, GWENDOLYN 3530 N.W. 18 PLACE FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KNOWLES, SANDRA S 1741 NW 28TH AVENUE FORT LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Melbourne Morgan 3530 N.W. 18 Place FT LAUDERDALE, FLA 33311</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 3-19-2002 954-763-1254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)