


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90052 009 \*\*\*\*61.25

<b>DOCUMENT # 757921</b>					
1. Entity Name ST. THOMAS TRUE TABERNACLE DELIVERANCE TEMPLE OF GOD, INC.					
Principal Place of Business 1125 N.W. 6TH ST. FORT LAUDERDALE FL 33311		Mailing Address 1125 N.W. 6TH ST. FORT LAUDERDALE FL 33311			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0263400	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, WILBY B.		NAME		
STREET ADDRESS	435 N.W. 13 AVE.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MELBOURNE, MORGAN		NAME		
STREET ADDRESS	3530 N.W. 18 PLACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKLIN, GWENDOLYN		NAME		
STREET ADDRESS	3530 N.W. 18 PLACE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNOWLES, SANDRA S		NAME		
STREET ADDRESS	1741 NW 28TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

4. FEI Number	05-0263400	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

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 Pastor* **3-10-2004** **954-462-9659**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #