

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 757921 1. Entity Name ST. THOMAS TRUE TABERNACLE DELIVERANCE TEMPLE OF GOD, INC.	
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FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business 1125 N.W. 6TH ST. FORT LAUDERDALE, FL 33311	Mailing Address 1125 N.W. 6TH ST. FORT LAUDERDALE, FL 33311
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07062008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

THOMAS, PASTOR WILBY
 3273 NW 22 AVE
 OAKLAND PARK, FL 33309

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, WILBY B. 435 N.W. 13 AVE. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MELBOURNE, MORGAN 3530 N.W. 18 PLACE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRANKLIN, GWENDOLYN 3530 N.W. 18 PLACE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNOWLES, SANDRA S 1741 NW 28TH AVENUE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000953751
07/09/08-80004-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Thomas Pastor 7/7/2008 954-731-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #