

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757921

FILED
Mar 28, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 05-0263400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, WILBY B.,
Address: 435 N.W. 13 AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: ASD () Delete
Name: MELBOURNE, MORGAN
Address: 3530 N.W. 18 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: STD () Delete
Name: FRANKLIN, GWENDOLYN,
Address: 3530 N.W. 18 PLACE
City-St-Zip: FT LAUDERDALE, FL

Title: VD () Delete
Name: KNOWLES, SANDRA S
Address: 1741 NW 28TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILBY THOMAS

PD

03/28/2009

Electronic Signature of Signing Officer or Director

Date