


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90159 001 ****61.25

DOCUMENT # 757921

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



Principal Place of Business Mailing Address

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



CHECK HERE IF MAKING CHANGES

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State.**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, WILBY B.	
STREET ADDRESS	435 N.W. 13 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	MELBOURNE, MORGAN	
STREET ADDRESS	3530 N.W. 18 PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FRANKLIN, GWENDOLYN	
STREET ADDRESS	3530 N.W. 18 PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KNOWLES, SANDRA S	
STREET ADDRESS	1741 NW 28TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	MD Knowles Stephanie	<input type="checkbox"/> Delete
NAME	Knowles Stephanie	
STREET ADDRESS	2706 S.W. 189 Ave.	
CITY-ST-ZIP	Miramar Florida 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 3-5-2003-854469-0150

CR2E037 (10/02)