

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90123 003 \*\*\*\*61.25

**DOCUMENT # N96000005185**

1. Entity Name

**BIBLE DELIVERANCE PENTECOSTAL CHURCH OF GOD INC**

Principal Place of Business

Mailing Address

2295 NW 59 ST  
 MIAMI FL 33142  
 US

1206 N.W. 65TH ST  
 MIAMI FL 33147  
 US

2. Principal Place of Business

3. Mailing Address

*2295 N.W. 59 ST - 1206 N.W. 65 ST.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami FLA.*

City & State

*Miami FLA.*

4. FEI Number

**65-0741850**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

Zip *33142*

Country *DADE*

Zip *33147*

Country *DADE*



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORNTON, JR., ROBERT BISHOP**  
 2295 N.W. 59 ST  
 MIAMI FL 33142

Name

Street Address (P.O. Box Number is Not Acceptable)

*N/A*

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

*MARY L. Smith / Church Sect.*

*03-11-02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **THORNTON, ROBERT JR.**  
 STREET ADDRESS **4603 N.W. 11 AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33127**  
*Bishop / Pastor*

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **WILLIAMSON, GARLAND**  
 STREET ADDRESS **14441 N.W. 15 DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33167**  
*CHAIRMAN DEACON*

TITLE  Change  Addition  
 NAME **WILLIAMSON GARLAND**  
 STREET ADDRESS  
 CITY-ST-ZIP **CHAIRMAN DEACON**

TITLE  Delete  
 NAME **SHORTWELL, JAMES**  
 STREET ADDRESS **2432 N.W. 169 TERR.**  
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **THORNTON, ALVIN**  
 STREET ADDRESS **8271 N.W. 5TH CT.**  
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SHORTWELL, ROBERT**  
 STREET ADDRESS **2274 N.W. 81 STREET**  
 CITY-ST-ZIP **MIAMI FL 33147**  
*DEACON*

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Keith Thornton**  
 STREET ADDRESS **2101 N.W. 1785**  
 CITY-ST-ZIP **Miami FLA. 33054**  
*DEACON*

TITLE  Change  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:

*Bishop Robert Thornton*

*03-11-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)