

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

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

02-10-2003 90395 039 ****70.00

DOCUMENT # 731755

1. Entity Name
TABERNACLE OF WITNESS DELIVERANCE CHURCH, INCORPORATED



Principal Place of Business
**T.W.D.CHURCH, INC.
9TH ST. HARLEM ACADEMY AVE
CLEWISTON FL 33440
US**

Mailing Address
**BERNICE MCMILLAN
1136 CAROLINA AVE N
CLEWISTON FL 33440
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
T.W.D Church Inc

3. Mailing Address
1136 CAROLINA AVE N

Suite, Apt. #, etc.
9th St Harlem Academy ave

Suite, Apt. #, etc.

City & State
Clewiston, FL

City & State
Clewiston, FL

4. FEI Number **65-0008000**

Applied For
Not Applicable

Zip
33440

Country
Hendy

Zip
33440

Country
Hendy

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMONS, SAMUEL A
1136 CAROLINA AVE N
CLEWISTON FL 33440**

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 **pastor Bernice McMillan**

Feb 4, 2003

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **MCMILLAN, BERNICE**
STREET ADDRESS **1136 CAROBINA AVE**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **JOHNSON, WILLIE**
STREET ADDRESS **928 ALABAMA AVENUE**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **WATSON, SYLVIA D.**
STREET ADDRESS **946 VIRGINIA AVE**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** Delete
NAME **FRANKLIN, FARNEY**
STREET ADDRESS **539 WEST ALVERDEZ**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MD** Delete
NAME **FRANKLIN, DOROTHY**
STREET ADDRESS **539 W ALVEDERPEX**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **JOHNSON, KARTRICE**
STREET ADDRESS **901 HARLEM ACADEMY AVENUE NORTH**
CITY-ST-ZIP **CLEWISTON FL 33440**

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: **pastor Bernice McMillan**

Feb 4, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone #

CR2E037 (10/02)