

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90023 022 ****70.00

DOCUMENT # 731755

1. Entity Name

TABERNAACLE OF WITNESS DELIVERANCE CHURCH, INCORP

Principal Place of Business

Mailing Address

T.W.D.CHURCH, INC.
 9TH ST HARLEM ACADEMY AVE
 CLEWISTON FL 33440
 US

BERNICE MCMILLAN
 1136 CAROBINA AVE N
 CLEWISTON FL 33440
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

T.W.D Church INC

Bernice McMillan

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9th St Harlem Academy Ave

1136 Carobina Ave N

City & State

City & State

Clewiston, FL

Clewiston, FL

4. FEI Number

65-0008000

Applied For

Not Applicable

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.

SIGNATURE *pastor Bernice McMillan*

Bernice McMillan

Jan. 25, 2000

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
 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 bary** Delete
 NAME **BARRY, KETURAH A**
 STREET ADDRESS **805 MARY LAND AVE**
 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*

Jan 25, 2000 863-983-7382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)