

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90307 047 \*\*\*\*70.00

**DOCUMENT # 731755**

1. Entity Name

**TABERNACLE 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*  
 Suite, Apt. #, etc.  
*9th St Harlem Academy Ave*  
 City & State  
*Clewiston, FL*

*1136 Carobina Ave N*  
 Suite, Apt. #, etc.  
 City & State  
*Clewiston, FL*

4. FEI Number

**65-0008000**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

*33440*

*Flendry*

Zip

Country

*33440*

*Flendry*

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

*Bernice McMillan pastor Bernice McMillan*

*Feb 6, 01*

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCMILLAN, BERNICE</b>	
STREET ADDRESS	<b>1136 CAROBINA AVE</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, WILLIE</b>	
STREET ADDRESS	<b>928 ALABAMA AVENUE</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WATSON, SYLVIA D.</b>	
STREET ADDRESS	<b>946 VIRGINIA AVE</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>FRANKLIN, FARNEY</b>	
STREET ADDRESS	<b>539 WEST ALVERDEZ</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>FRANKLIN, DOROTHY</b>	
STREET ADDRESS	<b>539 W ALVEDERPEX</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BARRY, KETURAH A</b>	
STREET ADDRESS	<b>805 MARY LAND AVE</b>	
CITY-ST-ZIP	<b>CLEWISTON FL 33440</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

*Pastor Bernice McMillan Feb 6, 01 863-983-6382*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)