

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90108 006 \*\*\*\*70.00

**DOCUMENT # 731755**

1. Entity Name

**TABERNALE OF WITNESS DELIVERANCE CHURCH, INCORPORATED**

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

T.W.D Church INC  
 Suite, Apt. #, etc.  
 901 Harlem Academy aven

3. Mailing Address

1136 Carobina ave

City & State  
 Clewiston, FL

City & State  
 Clewiston, FL

4. FEI Number  
 65-0008000

Applied For  
 Not Applicable

Zip  
 33440

Country  
 Hendery

Zip  
 33440

Country  
 Hendery

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

Feb 6, 2002  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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

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		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARTRICE JOHNSON	
STREET ADDRESS	901 Harlem Academy Aven	
CITY-ST-ZIP	Clewiston, FL 33440	

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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 6, 2002 863-983-6382  
 Date Daytime Phone #

CR2E037 (9/01)