


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90155 043 \*\*\*\*61.25

**DOCUMENT # N03000005108**

1. Entity Name  
**TRIUMPH COMMUNITY DEVELOPMENT CORPORATION**



Principal Place of Business  
**1312 FRANKLIN STREET  
 JACKSONVILLE FL 32206**

Mailing Address  
**P.O. BOX 13134  
 JACKSONVILLE FL 32206**

0044J0J6



MOORE CR2E037 (11/03)

2. Principal Place of Business  
**1312 Franklin St.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 13134**  
 Suite, Apt. #, etc.

City & State  
**Jacksonville FL**

City & State  
**Jacksonville FL**

Zip  
**32206**

Zip  
**32206**

Country

4. FEI Number  
**412044714**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CRISWELL MOSES PASTOR  
 8813 FALCON TRACE DRIVE S  
 JACKSONVILLE FL 32222**

7. Name and Address of New Registered Agent  
 Name **Moses P. Criswell**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8813 Falcon Trace Dr.**  
 City **Jacksonville** FL Zip Code **32222**

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 **Rev. M. P. Criswell**

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**  
**Due By May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman of Board</b> <b>M. P. Criswell</b> <b>8813 Falcon Trace Dr S</b> <b>Jacksonville FL 32222</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Project Director</b> <b>Natalie Criswell</b> <b>8813 Falcon Trace Dr S</b> <b>Jacksonville FL 32222</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Recording Secretary</b> <b>Maxine D. Criswell</b> <b>1312 Franklin St</b> <b>Jacksonville FL 32206</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Thelma Stalping</b> <b>1312 Franklin St</b> <b>Jacksonville FL 32206</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <b>Marketing Board</b> <b>7644 Melissa Ct N</b> <b>Jacksonville FL 32222</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board member</b> <b>Shelia Bush</b> <b>1312 Franklin St</b> <b>Jacksonville FL 32206</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Rev. M. P. Criswell** - 4-29-04 964-778-9715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

166425092  
#1103000005108

### Board Of Directors

Name

Address

Pastor Moses Criswell	8813 Falcon Trace Dr. S	Chairman Of Board	(904) 778-9715
Natalie Criswell	8813 Falcon Trace Dr. S	Project Director	(904) 778-9715
Maxine Dixon	1312 Franklin Street	Recording Secretary	(904) 764- 9637
Markitta Span	7644 Melissa Ct. N	Trustee	(904) 573-0767
Belinda Criswell	8813 Falcon Trace Dr. S	Public Relation	(904) 778-9715
Thelma Staling	1312 Franklin Street	Treasurer	(904) 356-4598
Shelia Bush	1312 Franklin Street	Board Member	(904) 355-6462
Reggie Graham	1312 Franklin Street	Board Member	(904) 353-4645
Dana Staltworth	1312 Franklin Street	Board Member	(904) 713-8809