

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# N03000005108

Entity Name: TRIUMPH COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1312 FRANKLIN STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13134
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 41-2044714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRISWELL, MOSES PASTOR
8813 FALCON TRACE DRIVE S
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: CRISWELL, M L
Address: 8813 FALCON TRACE DR S
City-St-Zip: JACKSONVILLE, FL 32222

Title: PD () Delete
Name: BUSH, SHELIA
Address: 244 WEST 41ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: RS () Delete
Name: CRISWELL, BELINDA
Address: 8813 FALCON TRACE DR. S
City-St-Zip: JACKSONVILLE, FL 32222

Title: T () Delete
Name: STARLING, THELMA
Address: 1163 WEST 20TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: SPAN, MARKITTA
Address: 7644 MELISSA CT N
City-St-Zip: JACKSONVILLE, FL 32222

Title: BM () Delete
Name: LATTAMORE, WILLIE D
Address: 1312 FRANKLIN ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SCOTT, LASHONDA
Address: 1312 FRANKLIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOSES L. CRISWELL

PRES

01/06/2006

Electronic Signature of Signing Officer or Director

Date