

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005108

FILED  
Jan 26, 2008  
Secretary of State

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: SCOTT, LASHONDA  
Address: 1312 FRANKLIN STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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

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

I hereby certify that the information supplied with this filing does not qualify 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 CRISWELL

COB

01/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date