

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708611** (9)
1. Corporation Name
**THE UNIVERSAL TRIUMPH CHURCH OF GOD AND KINGDOM
OF CHRIST, INC.**

Principal Place of Business 5039 DONCASTER AVE JAX FL 32208	Mailing Address 5039 DONCASTER AVE JAX FL 32208
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified
03/09/1965

4. FEI Number 59-3359595	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, REGINALD A
8410 CRAMPELL DRIVE
JACKSONVILLE FL 32221**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	JACKSON, THOMAS	
STREET ADDRESS	2295 MARIETTA RD. N.W. #76	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSON, MARJORIE	
STREET ADDRESS	524 WOODBINE ST	
CITY-ST-ZIP	JAX FL 32208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, BEATRICE D	
STREET ADDRESS	5039 DONCASTER AVE	
CITY-ST-ZIP	JAX FL 32208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCRAY, JOHNNIE	
STREET ADDRESS	10871 COPPER HILL DR	
CITY-ST-ZIP	JAX FL 32218	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORE, WILLIE R	
STREET ADDRESS	2574 AUTOMOBILE DR	
CITY-ST-ZIP	JAX FL 32209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARVEY, DEVORAH D	
STREET ADDRESS	1000 BROWARD RD. APT. #908	
CITY-ST-ZIP	JAX FL 32218	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beatrice D. Johnson 4/28/98 (904) 764-8455

CR2E037 (10/97)