

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90012 012 ****61.25

DOCUMENT # 708611

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/09/1965
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3359595
24 Country	29 Country	Applied For
	30	<input checked="" type="checkbox"/> Not Applicable

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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, THOMAS	1.2 NAME	
STREET ADDRESS	2295 MARIETTA RD. N.W. #76	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30318	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MARJORIE	2.2 NAME	
STREET ADDRESS	524 WOODBINE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32206	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BEATRICE D	3.2 NAME	
STREET ADDRESS	5039 DONCASTER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32208	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRAY, JOHNNIE	4.2 NAME	
STREET ADDRESS	10871 COPPER HILL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32218	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORE, WILLIE R	5.2 NAME	
STREET ADDRESS	2574 AUTOMOBILE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32209	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, DEVORAH D	6.2 NAME	
STREET ADDRESS	1000 BROWARD RD. APT. #908	6.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32218	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, with all other like empowered.

SIGNATURE:

Bea R. Johnson

7/28/99

(904) 764-8455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)