


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 11 1997 8:00am
 Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 725319 (8)

1. Corporation Name
TRIUMPH CHURCH PROCLAIMING EVERLASTING GOSPEL, I NC.

| | |
|--|---|
| Principal Place of Business 2994 NW 48 ST MIAMI FL 33142 US | Mailing Address 4500 NW 33RD AVE MIAMI FL 33142 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| 22 | 27 |
| 23 | 28 |
| 24 | 29 |
| 25 | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/19/1973 | 3a. Date of Last Report 08/14/1996 |
| 4. FEI Number 59-1679905 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

BAKER, ALBERTHA MAE
 4500 NW 33RD AVE
 MIAMI FL 33142

10. Name and Address of New Registered Agent

| | |
|---|----|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> DELETE |
| NAME | TAYLOR, MOTHER LILLIAN | |
| STREET ADDRESS | 1620 N W 67TH ST. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | BAKER, ALBERTHA ELDER | |
| STREET ADDRESS | 4500 NW 33RD AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, CLIFFERT E | |
| STREET ADDRESS | 4500 NW 33RD AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | PETERSON, CEDELL | |
| STREET ADDRESS | 505 CURTISS DR. | |
| CITY-ST-ZIP | OPA LOCKA FL | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | HYMES, CLARA | |
| STREET ADDRESS | 740 NW 201 ST. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | M | <input type="checkbox"/> DELETE |
| NAME | PETERSON, CHARLES D | |
| STREET ADDRESS | 4500 NW 33 AV | |
| CITY-ST-ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | PAE BAKER, ELDER, ALBERTHA |
| 1.3 STREET ADDRESS | 4500 NW 33 AV |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33142 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VS CEDELL PETERSON |
| 2.3 STREET ADDRESS | 505 CURTISS DR |
| 2.4 CITY-ST-ZIP | OPA-LOCKA, FL 33054 |
| 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 | T SANDRA MAINER |
| 4.3 STREET ADDRESS | 740 NW 201 ST |
| 4.4 CITY-ST-ZIP | MIAMI, FL 33169 |
| 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 | 900002291969 |
| 6.3 STREET ADDRESS | -09/12/97--01097--006 |
| 6.4 CITY-ST-ZIP | ***70.00 |

14. I do 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 _____ DATE _____

CR2E037 (4/97)