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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 725319

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/19/1973

4. FEI Number

59-1679905

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE PD
 NAME BAKER, ELDER ALBERTHA
 STREET ADDRESS 4500 NW 33 AVE
 CITY-ST-ZIP MIAMI FL 33142

TITLE VS
 NAME PETERSON, CEDELL
 STREET ADDRESS 525 CURTISS DR.
 CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE S
 NAME CULVER, ALICIA M
 STREET ADDRESS 740 N W 201ST STREET
 CITY-ST-ZIP MIAMI FL 33169

TITLE T
 NAME MAINER, SANDRA
 STREET ADDRESS 740 NW 201 ST
 CITY-ST-ZIP MIAMI FL 33169

TITLE CD
 NAME HYMES, CLARA
 STREET ADDRESS 740 NW 201 ST.
 CITY-ST-ZIP MIAMI FL

TITLE M
 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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clara Hymes
 SIGNATURE REQUIRED CLARA HYMES

Date

Daytime Phone #

1/6/99 (305) 260-8058

CR2E037 (11/98)