

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90282 020 ****70.00

DOCUMENT # 725319

1. Entity Name

TRIUMPH CHURCH PROCLAIMING EVERLASTING GOSPEL, I

Principal Place of Business

Mailing Address

2994 NW 48 ST
 MIAMI FL 33142
 US

4500 NW 33RD AVE
 MIAMI FL 33142
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1679905

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, ELDER ALBERTHA	
STREET ADDRESS	4500 NW 33 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PETERSON, CEDELL	
STREET ADDRESS	525 CURTISS DR.	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	S	<input type="checkbox"/> Delete
NAME	CULVER, ALICIA M	
STREET ADDRESS	740 N W 201ST STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAINER, SANDRA	
STREET ADDRESS	740 NW 201 ST	
CITY-ST-ZIP	MIAMI FL 33169	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, CEDELL	
STREET ADDRESS	505 CURTISS DR.	
CITY-ST-ZIP	OPA-LOCKA, FL. 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11, 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

Date

Daytime Phone #

[Handwritten Signature] 1/10/01 (305)260-8058

CR2E037 (10/00)