


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90025 021 ****70.00

DOCUMENT # 725319

1. Entity Name
TRIUMPH CHURCH PROCLAIMING EVERLASTING GOSPEL, INC.



Principal Place of Business: **2994 NW 48 ST MIAMI FL 33142 US**

Mailing Address: **4500 NW 33RD AVE MIAMI FL 33142 US**

34061630



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **59-1679905** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BAKER, ALBERTHA MAE
4500 NW 33RD AVE
MIAMI FL 33142**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRADFORD, EDLER ALBERTHA	
STREET ADDRESS	4500 NW 33 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PETERSON, CEDELL	
STREET ADDRESS	505 CURTIS DR	
CITY-ST-ZIP	OPA LOCKA FL 33055	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: *Clara Hymes* **CLARA HYMES** 7/1/04 305 653-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #