

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 28, 2009
Secretary of State**

DOCUMENT# 725319

Entity Name: TRIUMPH CHURCH PROCLAIMING EVERLASTING GOSPEL, INC.

Current Principal Place of Business:

2994 NW 48 ST
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

4500 NW 33RD AVE
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 59-1679905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRADFORD, EDLER ALBERTHA
Address: P O BOX 695513
City-St-Zip: MIAMI, FL 33269

Title: S () Delete
Name: PETERSON, CEDELL
Address: P O BOX 695513
City-St-Zip: MIAMI, FL 33269

Title: S () Delete
Name: HYMES, DAVID
Address: P O BOX 695513
City-St-Zip: MIAMI, FL 33269

Title: T () Delete
Name: MAINER, SANDRA
Address: P O BOX 695513
City-St-Zip: MIAMI, FL 33269

Title: VCD () Delete
Name: HYMES, CLARA M
Address: P O BOX 695513
City-St-Zip: MIAMI, FL 33269

Title: M () Delete
Name: PETERSON, CHARLES D
Address: P O BOX 695513
City-St-Zip: MIAMI, FL 33269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA M HYMES

VCD

07/28/2009

Electronic Signature of Signing Officer or Director

_____ Date