

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725319

FILED  
Apr 26, 2011  
Secretary of State

**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)**

**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  
Name: BRADFORD, ELDER ALBERTHA  
Address: 4500 NW 33 AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: S  
Name: PETERSON, CEDELL  
Address: 4500 NW 33 AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: S  
Name: HYMES, DAVID  
Address: 4500 NW 33 AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: T  
Name: MAINER, SANDRA  
Address: 4500 NW 33 AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: VCD  
Name: HYMES, CLARA M  
Address: 4500 NW 33 AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: M  
Name: PETERSON, CHARLES D  
Address: 4500 NW 33 AVENUE  
City-St-Zip: MIAMI, FL 332142

I hereby 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 all other like empowered.

**SIGNATURE:** ALBERTHA BRADFORD

P

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date