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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744665** (1)

1. Corporation Name

TRIUMPH APOSTOLIC FAITH CHURCH, INC.

Principal Place of Business

**1834 GEORGE ST.
ATLANTIC BEACH FL 32233**

Mailing Address

**1834 GEORGE ST.
ATLANTIC BEACH FL 32233**

3. Date Incorporated or Qualified

10/23/1978

4. FEI Number

59-1994968

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASINE, DELORIS
2427 AUTOMOBILE DRIVE
JACKSONVILLE, FL 32209**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BASINE, DELORIS	
STREET ADDRESS	2427 AUTOMOBILE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLACK, DEBORAH	
STREET ADDRESS	1915 W. 25TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, MARY L.	
STREET ADDRESS	RT. 1, BOX 82	
CITY-ST-ZIP	FERNANDINA BEACH FL	

TITLE	OOD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, TORETHA	
STREET ADDRESS	1800 GEORGE STREET	
CITY-ST-ZIP	ATLANTIC BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BASINE, ROBERT LEE	
STREET ADDRESS	2427 AUTOMOBILE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V/D
1.3 STREET ADDRESS	50 ANN SMITH BLVD.
1.4 CITY-ST-ZIP	9646 NORFOLK BLVD. JACKSONVILLE FL 32204

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TR
2.3 STREET ADDRESS	DARYL P. ALFORD
2.4 CITY-ST-ZIP	3323 SECRET ISLAND LANE JACKSONVILLE FL 32225

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	SHARON GOMEN
3.4 CITY-ST-ZIP	951 CUPPERIDGE CT. ORANGE PARK FL 32065

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Deloris Basine

5-6-98

CR2E037 (10/97)