

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90169 047 *****61.25

0012673

DOCUMENT # 744665

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1994968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASINE, DELORIS
2427 AUTOMOBILE DRIVE
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name

JO GANN SMITH
Street Address (P.O. Box Number is Not Acceptable)
9646 NORFOLK BLVD.

City

JACKSONVILLE

FL

Zip Code

32208

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 JO GANN SMITH - Pastor

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

(NO New Registered Agent signature required when reinstating)

4-11-01

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

TITLE VD
NAME SMITH, JOANN ☒ Delete
STREET ADDRESS 9646 NORFOLK BLVD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE T
NAME ALFORD, DARYLL P ☒ Delete
STREET ADDRESS 3323 SECRET ISLES LANE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D
NAME GOMEZ, SHARON ☐ Delete
STREET ADDRESS 951 COPPERIDGE CT
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE D
NAME BASINE, ROBERT LEE ☐ Delete
STREET ADDRESS 2427 AUTOMOBILE DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P.I.T. ☒ Change ☐ Addition
NAME JO GANN SMITH
STREET ADDRESS 9646 NORFOLK BLVD.
CITY-ST-ZIP JACK. FL. 32208

TITLE V.P. ☒ Change ☐ Addition
NAME Deloris Basine
STREET ADDRESS 2427 Automobile Dr.
CITY-ST-ZIP JACK. FL. 32209

TITLE C.B. ☒ Change ☐ Addition
NAME Daryll P. Alford
STREET ADDRESS 3323 Secret Isles Lane
CITY-ST-ZIP JACK. FL. 32225

TITLE S.I.S.D. ☐ Change ☒ Addition
NAME Deborah Black
STREET ADDRESS 122 West 63rd St.
CITY-ST-ZIP JACK. FL.

TITLE D ☐ Change ☒ Addition
NAME Gene Black
STREET ADDRESS 122 West 63rd St.
CITY-ST-ZIP JACK. FL.

TITLE D ☒ Change ☐ Addition
NAME Sharon Gomes
STREET ADDRESS 2826 R. New Oak Dr.
CITY-ST-ZIP ORANGE PARK FL. 32073

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

4-16-01

Date

904-765-0473

Daytime Phone #

CR2E037 (10/00)