

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

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90011 008 \*\*\*\*61.25

**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

54026243



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1994968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JOANN  
9646 NORFOLK BLVD  
JACKSONVILLE FL 32208

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

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

(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 PT  
NAME SMITH, JOANN ☐ Delete  
STREET ADDRESS 9646 NORFOLK BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE V  
NAME BASINE, DELORIS ☐ Delete  
STREET ADDRESS 2427 AUTOMOBILE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D  
NAME GOMEZ, SHARON ☐ Delete  
STREET ADDRESS 2826 RIVER OAKS DR  
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE D  
NAME BLACK, GENE ☐ Delete  
STREET ADDRESS 122 WEST 63RD ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S  
NAME BLACK, DEBORAH ☐ Delete  
STREET ADDRESS 122 WEST 63RD STREET  
CITY-ST-ZIP JACKSONVILLE FL 32207

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-04 904-765-0472