

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90169 047 ****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
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1994968	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, JOANN 9646 NORFOLK BLVD JACKSONVILLE FL 32208	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT SMITH, JOANN	TITLE	Deborah Black
NAME		NAME	
STREET ADDRESS	9646 NORFOLK BLVD	STREET ADDRESS	122 W. 63rd St.
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	JACK. FL. 32207
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	V BASINE, DELORIS	TITLE	
NAME		NAME	
STREET ADDRESS	2427 AUTOMOBILE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GOMEZ, SHARON	TITLE	
NAME		NAME	
STREET ADDRESS	2826 RIVER OAKS DR	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BASINE, ROBERT LEE	TITLE	
NAME		NAME	
STREET ADDRESS	2427 AUTOMOBILE DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BLACK, GENE	TITLE	
NAME		NAME	
STREET ADDRESS	122 WEST 63RD ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S BLACK, DEBORAH	TITLE	
NAME		NAME	
STREET ADDRESS	122 WEST 63RD STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* 4-5-07 (904) 765-0473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR