

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90139 021 \*\*\*\*61.25

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 744665</b>                                      |  |
| 1. Entity Name<br><b>TRIUMPH APOSTOLIC FAITH CHURCH, INC.</b> |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>1834 GEORGE ST.<br/>ATLANTIC BEACH FL 32233</b> | Mailing Address<br><b>1834 GEORGE ST.<br/>ATLANTIC BEACH FL 32233</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State                                                              | City & State                                  |
| Zip                                                                       | Country                                       |

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 1st MOORE                                                 | CR2E037 (10/07)                       |
| 4. FEI Number<br><b>59-1994968</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

|                                                                                                                            |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>SMITH, JOANN<br/>9646 NORFOLK BLVD<br/>JACKSONVILLE FL 32208</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

|                                                        |                                                                                                                        |                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                 |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SMITH, JOANN<br>9646 NORFOLK BLVD<br>JACKSONVILLE FL 32208 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President<br>JO ANN Smith<br>9646 Norfolk Blvd.<br>JACK. FL. 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BASINE, DELORIS<br>2427 AUTOMOBILE DRIVE<br>JACKSONVILLE FL 32205 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>MALVYNNE McINTYRE<br>1646 West 45th St<br>JACK. FL. 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GOMEZ, SHARON<br>2826 RIVER OAKS DR<br>ORANGE PARK FL 32073 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BASINE, ROBERT LEE<br>2427 AUTOMOBILE DR.<br>JACKSONVILLE FL <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BLACK, GENE<br>122 WEST 63RD ST<br>JACKSONVILLE FL <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BLACK, DEBORAH<br>122 WEST 63RD STREET<br>JACKSONVILLE FL 32207 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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: *JO Ann Smith* 4-11-08 904-765-0475