## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

SIGNATURE:

755936

(2)

## TRIUMPH, THE CHURCH OF THE NEW AGE, INC.

***************************************		,				
Principal Place of Business		Mailing Address			I NORIN (BOB) DINAL DINID EBIOD RIND I	
1413 LOCUST AVENUE SANFORD FL 32771		1413 LOCUST AVENUE SANFORD FL 32771-2955				
					3. Date Incorporated or Qualified 01/16/1981	3a. Date of Last Report 04/29/1996
2. Principal Pi	ace of Business	2a. Mailing Address 26		4. FEI Number 23-7379660	Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip Co		Country	1	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	9. Name and Address of Curre	nt Begletered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No
	9, Haille and Address Of Curre	in negistalen våent	61	Name	TO, Maille SING AGGISSE OF NEW THE	distance whent
PD/WAI	PENITA TILLMAN		L			
BROWN, BENITA TILLMAN 1115 7TH ST.			62	Street Add	fress (P.O. Box Number is Not Acceptab	le)
	D FL 32771		83			
			84	City		FL 85 Zip Code
11. Pursuant to office or reagent. Lar	to the provisions of Sections 617.05 egistered agent, or both, in the State or familiar with, and accept the oblig	02 and 617.1508, Florida Statul e of Florida. Such change was gations of, Section 617.0503, Fl	tes, the above authorized be orida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accep	
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable (NO)	F- Registered Ag	ent signature recu	ired when reinstating}	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	ROBERSON, GRADEY		1.2 NAME			
STREET ADDRESS	1413 LOCUST AVENUE	<b>L</b>		T ADDRESS		
CITY-ST-ZIP	SANFORD FL		1.4 CITY-	ST-ZIP		
TITLE	D DODEDOON DETEN	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	ROBERSON, BETTY 1413 LOCUST AVENUE		2.2 NAME			
STREET ADDRESS	SANFORD FL		2.3 STREET ADDRESS 2. 4 City-St-Zip			
CITY-ST-ZIP TITLE	STD	DELETE	3.1 TITLE	\$1-21		Change Addition
NAME	BROWN, BENITA TILLMAN		3.2 NAME			
STREET ADDRESS	1115 7TH ST.		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	OALIFORD PI		3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CłTY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY - ST - ZIP			5.4 CITY-	ST-ZIP	- h'in in	F15:
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		

14. I do 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 to 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.