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

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCLIMENT #

1. Corporation	in Name # /33930	(2)								
TRUM	PH, THE CHURCH OF THE I	JEW AGE INC								
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Principal Place of Business Mailing Address								1 MYARE MINEL BI	TTI 01019 3401	
1413 LOCUST AVENUE 1413 LOCUST AVENUE						3. Date Incorporated or Qualified		<del></del>		$\neg$
SANFORD FL 32771 SANFORD FL 32771					'	<b></b>				
					<u> </u>	01/16/1981 4. FEI Number		TAC	plied For	$\dashv$
						23-7379660		<del></del>	t Applicable	<u>,  </u>
2. Principal P	face of Business	2a. Mailing Address			·	<del>-</del> "		\$8.75		7
27 1006 W, 6th Street 26					.   '	5. Certificate of Status Desired		Fee Re		
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing		\$5.00 1	May Be	٦
22 27						Trust Fund Contribution		Added to	Fees	╛
City & State City & State				7. Is this nonprofit corporation a homeowners association?				1?		
Zip ¬ - \	Country	Žìp	Counti	y		3. This corporation owes or has paid	the curr	ent year Int	angible	7
24 32771 25 Seminule 29 30				Personal Property Tax due Jun						
	9. Name and Address of Current	Registered Agent			1	<ol><li>Name and Address of New Reg</li></ol>	istered A	gent		□
			81	Name						
Brown, Benita Tillman			82	Street A	et Address (P.O. Box Number is Not Acceptable)					┪
1115 7TH ST.			_						<del></del>	╛
SANFORD FL 32771			83	3						
			84	City			FL	85 Zip (	Code	7
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above	/e-named c	corporat	ion submits this statement for the pu		changing its	s registered	┥
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was a ons of. Section 617.0503. Flo	uthorized b rida Statute	y the corpo	oration's	board of directors. I hereby accept	the appo	intment as	registered	
SIGNATURE										ŀ
	Signature, typed or printed name of registered agent			ent signature re	equired wh		DATE			ୢୗ୵
12.			13.			ADDITIONS/CHANGES TO OFFICE	R\$ AND			
TITLE	PD	DELETE 1,1 T						Change	Addition	Ī
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TITLE			5.1 TITLE					Change	Addition	<b>→</b>
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CITY-ST-ZIP			5.4 CITY-							¢
TITLE			6.1 TITLE				- 1	Change	☐ Addition	
NAME			6.2 NAME	-				=		Ī.
			1	TADDRESS						
			1							1.0

14. 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 annual report or 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. (904

**SIGNATURE:** 

**FILED** 

Jan 30 1998 8:00am

Secretary of State