

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755936

1. Entity Name

TRIUMPH, THE CHURCH OF THE NEW AGE, INC.

Principal Place of Business

1006 W 6TH ST  
SANFORD FL 32771  
US

Mailing Address

1413 LOCUST AVENUE  
SANFORD FL 32771

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JORDAN-BROWN, RUTH  
807 SCOTT AVENUE  
SANFORD FL 32771

7. Name and Address of New Registered Agent

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROBERSON, GRADEY  
STREET ADDRESS 1413 LOCUST AVENUE  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE TD  
NAME JORDAN-BROWN, RUTH  
STREET ADDRESS 807 SCOTT AVENUE  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE ST  
NAME SPARROW, HOPE T  
STREET ADDRESS 2423 CHASE AVE #B  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

*Ruth Jordan-Brown* 1/31/02 (407) 304-3448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 25, 2002 8:00 am  
Secretary of State

02-25-2002 90060 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7379660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/01)