2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2004 08:00 AM **DOCUMENT # 755936 Secretary of State** 1. Entity Name TRIUMPH, THE CHURCH OF THE NEW AGE, INC. Principal Place of Business Mailing Address 1006 W 6TH ST SANFORD FL 32771 1413 LOCUST AVENUE SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 23-7379660 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORDAN-BROWN, RUTH Street Address (P.O. Box Number is Not Acceptable) 807 SCOTT AVENUE SANFORD FL 32771 City Zio 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 Signature, typed or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change TITLE ☐ Delete Addition ROBERSON, GRADEY NAME NAME UUNUOQO25841 1413 LOCUST AVENUE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 02/02/04-80122-008 61.25 CITY-\$1-21P CITY-ST-ZIP ☐ Change TITLE ☐ Belete TIRLE Addition JORDAN-BROWN, RUTH NAME MAAAF 807 SCOTT AVENUE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 City-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE SPARROW, HOPE T NAME NAME 2423 CHASE AVE #B STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 7173.5 Chance Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP HTLE ☐ Delete TITLE Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

12. Thereby 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 path; 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.

GIGNATURE: Ker. Glodey Koheron - PASTON

1/26/04 (407) 322.4196

FILED