

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

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-04-2004 90155 043 ****61.25

DOCUMENT # N03000005108

1. Entity Name
TRIUMPH COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business
1312 FRANKLIN STREET
JACKSONVILLE FL 32206

Mailing Address
P.O. BOX 13134
JACKSONVILLE FL 32206

00443036



MOORE CR2E037 (11/03)

2. Principal Place of Business
1312 Franklin St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 13134
Suite, Apt. #, etc.

City & State
Jacksonville FL

Zip
32206

Country

4. FEI Number
412044714

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CRISWELL, MOSES PASTOR
8813 FALCON TRACE DRIVE S
JACKSONVILLE FL 32222

7. Name and Address of New Registered Agent
Name Moses P. Criswell
Street Address (P.O. Box Number is Not Acceptable)
8813 Falcon Trace Dr.
City Jacksonville
State FL
Zip Code 32222

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 *Rev. M. S. Criswell*

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Chairman of Board	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME M. S. Criswell		NAME	
STREET ADDRESS 8813 Falcon Trace Dr. S.		STREET ADDRESS	
CITY-ST-ZIP Jacksonville FL 32222		CITY-ST-ZIP	
TITLE Project Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Natalie Criswell		NAME	
STREET ADDRESS 8813 Falcon Trace Dr. S.		STREET ADDRESS	
CITY-ST-ZIP Jacksonville FL 32222		CITY-ST-ZIP	
TITLE Recording Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Maxine D. Dixon		NAME	
STREET ADDRESS 1312 Franklin St.		STREET ADDRESS	
CITY-ST-ZIP Jacksonville FL 32206		CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Thelma Stephens		NAME	
STREET ADDRESS 1312 Franklin St.		STREET ADDRESS	
CITY-ST-ZIP Jacksonville FL 32206		CITY-ST-ZIP	
TITLE Trustee	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Markette Brown		NAME	
STREET ADDRESS 7644 Melrose Ct N		STREET ADDRESS	
CITY-ST-ZIP Jacksonville FL 32222		CITY-ST-ZIP	
TITLE Board member	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Shelia Rush		NAME	
STREET ADDRESS 1312 Franklin St.		STREET ADDRESS	
CITY-ST-ZIP Jacksonville FL 32206		CITY-ST-ZIP	

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: *Rev. M. S. Criswell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-29-04 **Daytime Phone #** 904-778-9715

Attachment

166425092
#1103000005108

Board Of Directors

Name

Address

Pastor Moses Criswell	8813 Falcon Trace Dr. S	Chairman Of Board	(904) 778-9715
Natalie Criswell	8813 Falcon Trace Dr. S	Project Director	(904) 778-9715
Maxine Dixon	1312 Franklin Street	Recording Secretary	(904) 764- 9637
Markitta Span	7644 Melissa Ct. N	Trustee	(904) 573-0767
Belinda Criswell	8813 Falcon Trace Dr. S	Public Relation	(904) 778-9715
Thelma Staling	1312 Franklin Street	Treasurer	(904) 356-4598
Shelia Bush	1312 Franklin Street	Board Member	(904) 355-6462
Reggie Graham	1312 Franklin Street	Board Member	(904) 353-4645
Dana Staltworth	1312 Franklin Street	Board Member	(904) 713-8809