2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005108

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Feb 23, 2005 Secretary of State

Entity Name: TRIUMPH COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 1312 FRANKLIN STREET JACKSONVILLE, FL 32206 **Current Mailing Address: New Mailing Address:** P.O. BOX 13134 JACKSONVILLE, FL 32206 FEI Number: 41-2044714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRISWELL, MOSES PASTOR 8813 FALCÓN TRACE DRIVE S JACKSONVILLE, FL 32222 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: COB () Delete () Change () Addition CRISWELL, M L Name: Name: 8813 FALCON TRACE DR S Address: Address: City-St-Zip: JACKSONVILLE, FL 32222 City-St-Zip: Title: PD () Delete Title: PD (X) Change () Addition CRISWELL, NATALIE Name: BUSH, SHELIA Name: Address: 8813 FALCON TRACE DR S Address: 244 WEST 41ST City-St-Zip: JACKSONVILLE, FL 32222 City-St-Zip: JACKSONVILLE, FL 32206 Title: RS () Delete Title: (X) Change () Addition DIXON, MAXINE CRISWELL, BELINDA Name: Name: 1312 FRANKLIN ST 8813 FALCON TRACE DR. S Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32222 Title: () Delete Title: (X) Change () Addition Name: STALING, THELMA Name: STARLING, THELMA Address: 1812 FRANKLIN ST Address: 1163 WEST 20TH STREET City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: MOSES L. CRISWELL COB 02/23/2005

() Delete

() Delete

SRON, MARKETTE

BUSH. SHELIA

1312 FRANKLIN ST

7644 MELISSA CT N

JACKSONVILLE, FL 32222

JACKSONVILLE, FL 32206

(X) Change () Addition

(X) Change () Addition

SPAN, MARKITTA

7644 MELISSA CT N

JACKSONVILLE, FL 32222

LATTAMORE, WILLIE D

JACKSONVILLE, FL 32206

1312 FRANKLIN ST