

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007941

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** TRIUMPHANT CHURCH OF GOD IN QUINCY, CORPORATION

**Current Principal Place of Business:**

15 EARNEST STREET  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

15 EARNEST STREET  
QUINCY, FL 32351

**New Mailing Address:**

**FEI Number:** 65-1203317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, LAVERNE  
1510 HARDIN ST  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: THOMAS, REV. LAVERNE  
Address: 1510 HARDIN ST  
City-St-Zip: QUINCY, FL 32351

Title: V ( ) Delete  
Name: THOMAS, BENNIE  
Address: 1510 HARDIN ST  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: ADEDEJI, KIMBERLY  
Address: 19 SUGAR PLUM LANE  
City-St-Zip: HAVANA, FL 32333

Title: S ( ) Delete  
Name: MCGRIFF, TORRIE B  
Address: 115 ROSIE LEE LANE  
City-St-Zip: ATTAPUGUS, GA

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MCGRIFF, EMMA L  
Address: 115 ROSIE LEE LANE  
City-St-Zip: ATTAPUGUS, GA

Title: A/S ( ) Change (X) Addition  
Name: LEWIS, CHERYL A  
Address: 157 ROGER LEWIS LANE  
City-St-Zip: HAVANA, FL 32333

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.

SIGNATURE: LAVERNE THOMAS

MRS

04/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date