

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007941

FILED
Jul 04, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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, EMMA L
Address: 115 ROSIE LEE LANE
City-St-Zip: ATTAPUGUS, GA

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CONYERS, KIMBERLY L
Address: 19 SUGAR PLUM LANE
City-St-Zip: HAVANA, FL 32333

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

P

07/04/2007

Electronic Signature of Signing Officer or Director

_____ Date