


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03000010762		
1. Entity Name TRIUMPHANT CHURCH OF GOD OF PROPHECY, INC.		
Principal Place of Business 21450 SW 112TH AVE MIAMI, FL 33189		Mailing Address 9751 SW 159TH ST MIAMI, FL 33157
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DOWNS, DANNELLE 9751 SW 159 STREET MIAMI, FL 33157		DO NOT WRITE IN THIS SPACE
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: <u><i>Dannelle R. Downs</i></u> (NOTE: Registered Agent signature required when reinstating) 1/18/06 DATE		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	T	
NAME	DOWNS, SIMEON L SR	
STREET ADDRESS	9751 SW 159TH ST	
CITY - ST - ZIP	MIAMI, FL 33157	
TITLE	T	
NAME	MCKOY, ASTLEY	
STREET ADDRESS	17842 SW 88 PLACE	
CITY - ST - ZIP	MIAMI, FL 33157	
TITLE	T	
NAME	SLATON, GLEN	
STREET ADDRESS	17621 SW 107 AVENUE	
CITY - ST - ZIP	MIAMI, FL 33157	
TITLE	T	
NAME	DOWNS, JACINTH	
STREET ADDRESS	9751 SW 159TH ST	
CITY - ST - ZIP	MIAMI, FL 33157	
TITLE	T	
NAME	KEMP, RUBEN	
STREET ADDRESS	11235 SW 220 STREET	
CITY - ST - ZIP	MIAMI, FL 33170	
TITLE	T	
NAME	ROSS, RUTH	
STREET ADDRESS	26435 SW 134 COURT	
CITY - ST - ZIP	MIAMI, FL 33032	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Amckoy</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/15/05 Date Daytime Phone #



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1375180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**