

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010762

FILED
Apr 22, 2009
Secretary of State

Entity Name: TRIUMPHANT CHURCH OF GOD OF PROPHECY, INC.

Current Principal Place of Business:

21450 SW 112TH AVE
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

9751 SW 159TH ST
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-1375180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNS, DANNELLE
9751 SW 159 STREET
MIAMI, FL 33157 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: T () Delete
Name: DOWNS, SIMEON L SR
Address: 9751 SW 159TH ST
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: MCKOY, ASTLEY
Address: 17842 SW 88 PLACE
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: SLATON, GLEN
Address: 17621 SW 107 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: DOWNS, JACINTH
Address: 9751 SW 159TH ST
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: KEMP, RUBEN
Address: 11235 SW 220 STREET
City-St-Zip: MIAMI, FL 33170

Title: T () Delete
Name: ROSS, RUTH
Address: 26435 SW 134 COURT
City-St-Zip: MIAMI, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: SAMPSON, DEVON
Address: 25805 SW 131CT
City-St-Zip: HOMESTEAD, FL 33032

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

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

Title: T (X) Change () Addition
Name: MISSICK, ANTHONY
Address: 14790 BUCHANAN STREET
City-St-Zip: MIAMI, FL 33176

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: SIMEON L. DOWNS, SR

T

04/22/2009

Electronic Signature of Signing Officer or Director

Date