

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000010762
1. Entity Name
TRIUMPHANT CHURCH OF GOD OF PROPHECY, INC.



FILED
Feb 19, 2007 08:00 AM
Secretary of State

Principal Place of Business
**21450 SW 112TH AVE
MIAMI, FL 33189**

Mailing Address
**9751 SW 159TH ST
MIAMI, FL 33157**



02112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
**DOWNS, DANIELLE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOWNS, SIMEON L SR 9751 SW 159TH ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKOY, ASTLEY 17842 SW 88 PLACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLATON, GLEN 17621 SW 107 AVENUE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOWNS, JACINTH 9751 SW 159TH ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEMP, RUBEN 11235 SW 220 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, RUTH 26435 SW 134 COURT MIAMI, FL 33032

U00000642542
03/01/07-80038-018 61.25

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IN THIS SPACE**

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: *Simeon Downs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-11-07 Daytime Phone #: 305-235-6004