

N12000002566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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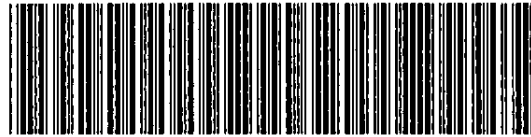
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 MAR - 7 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 March MAR 8 2012

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: TRIUMPH CHRISTIAN ACADEMY INC.  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: KATIA SAINTFORT  
Name (Printed or typed)

2004 MARTIN L KING JR AVE  
Address

LAKELAND, FL 33805  
City, State & Zip

863-797-3392  
Daytime Telephone number

triumphchristianacademy@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2012

KATIA SAINTFORT  
2004 MARTIN KING JR AVE  
LAKELAND, FL 33805

SUBJECT: TRIUMPH CHRISTIAN ACADMEMY INC.  
Ref. Number: W12000010877

We have received your document for TRIUMPH CHRISTIAN ACADMEMY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 212A00007817

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**TRIUMPH CHRISTIAN ACADEMY INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2004 MARTIN L KING JR AVE

LAKEFLAND, FL 33805

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of Triumph Christian Academy Inc., is to provide an environment which focuses on education and the development of early childhood learning. Students will be equipped with the skills & intellect needed to prepare them for kindergarten class.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

The Board of Directors shall consist of five (5) members or no less than five (5), and no more than ten (10), members. Directors need not be residents of the State of Florida. Election to the Board of Directors shall be by majority vote of the members of the Board of Directors, which shall occur, except in the case of filling vacancies, at each annual meeting thereof.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KATIA SAINTFORT PRESIDENT

Address: 2004 MARTIN L KING JR AVE

LAKEFLAND, FL 33805

Name and Title: ROSA PHILLIPS VICE PRESIDENT

Address: 2004 MARTIN L KING JR AVE

LAKEFLAND, FL 33805

Name and Title: OLLIE MAE SMART SECRETARY

Address: 2004 MARTIN L KING JR AVE

LAKEFLAND, FL 33805

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KATIA SAINTFORT

Address: 2004 MARTIN L KING JR AVE

LAKEFLAND, FL 33805

**ARTICLE VII INCORPORATOR**

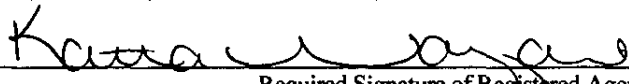
The name and address of the Incorporator is:

Name: KATIA SAINTFORT

Address: 2004 MARTIN L KING JR AVE

LAKEFLAND, FL 33805

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

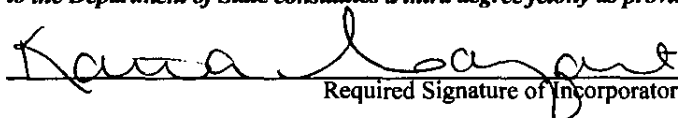


Required Signature of Registered Agent

3/5/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

3/5/2012

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA