2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# N23682

Entity Name: TRIUMPHANT CHURCH FELLOWSHIP, INC.

Current Principal Place of Business:

14701 NORTH NEBRASKA AVE
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

14701 NORTH NEBRASKA AVE
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLLOWAY, BARBARA
5238 BON VIVANT DR #74
TAMPA, FL 33603

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: PD ( ) Delete
Name: HOLLOWAY, CRAIG, S,
Address: 5238 BON VIVANT DR #74
City-St-Zip: TAMPA, FL 33603

Title: VSD ( ) Delete
Name: HOLLOWAY, BARBARA, J,
Address: 5238 BON VIVANT DR #74
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: CRESPO, SIDNEY
Address: 5543 PENTAIL CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: S ( ) Delete
Name: DEMMING, TINA
Address: 3817 EAST NORFOLK ST
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete
Name: SIMMONS, RUSSELL
Address: 3704 GREENFORD ST
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOLLOWAY, CRAIG, S,
Address: 5238 BON VIVANT DR #74
City-St-Zip: TAMPA, FL 33603 US

Title: VSD (X) Change ( ) Addition
Name: HOLLOWAY, BARBARA, J,
Address: 5238 BON VIVANT DR #74
City-St-Zip: TAMPA, FL 33603 US

Title: D (X) Change ( ) Addition
Name: DAVIS, VINSON H
Address: 6816 WOODVILLE ST. #92
City-St-Zip: TAMPA, FL 33610 US

Title: S (X) Change ( ) Addition
Name: HALE, VIVEENE
Address: 5607 TERRA CEIA DR.
City-St-Zip: TAMPA, FL 33619

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CRAIG S. HOLLOWAY PD 05/01/2004
Electronic Signature of Signing Officer or Director — Date