

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90149 002 ****70.00

DOCUMENT # N23682 1. Entity Name TRIUMPHANT CHURCH FELLOWSHIP, INC.					
Principal Place of Business 14701 NORTH NEBRASKA AVE TAMPA, FL 33613 US			Mailing Address 14701 NORTH NEBRASKA AVE TAMPA, FL 33613 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLLOWAY, BARBARA 5238 BON VIVANT DR #74 TAMPA, FL 33603				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, CRAIG, S			NAME	
STREET ADDRESS	5238 BON VIVANT DR #74			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33603			CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, BARBARA, J			NAME	
STREET ADDRESS	5238 BON VIVANT DR #74			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33603			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, VINSON H			NAME	
STREET ADDRESS	6816 WOODVILLE ST. #92			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610			CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, VIVEENE			NAME	
STREET ADDRESS	5607 TERRA CEIA DR.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33619			CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, RUSSELL			NAME	
STREET ADDRESS	3704 GREENFORD ST			STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Craig S. Holloway</i> CRAIG S. HOLLOWAY 4-26-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

14006999



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

FL

813-979-1717