

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23682

FILED
May 01, 2007
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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 US

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

Title: D () Delete
Name: DAVIS, VINSON H
Address: 1351 LORETTO CIRCLE
City-St-Zip: ODESSA, FL 33556 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CRAIG S. HOLLOWAY

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date