PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICATION FOR	i -	A DEPART		T OF STATE				
REINSTATEMENT							96 OF		
DOCUMENT # N39786							ULPSS		
1. Corporation Name TRIUMPH THE BROTHERHOOD CHURCH AND							SECRETA	¹ 9: 3 n	
KINGDOM OF GOD IN CHRIST, INC.							ALLAHASSES S	TATE	13 .
Wyb-24866							SECRETARY OF ST	RIDA	•
Mailing Address Principal Place of Business 935 W. 13TH STREET 702 3RD STREET									; · ·
935 W. 13TH STREET 702 3RD STREET LAKELAND, FL. 33805 LAKELAND, FLORIDA 33							TATTERATOR	£1000	ļ.
:	•			•			Paremen.	1943-	
If above a	ddresses are incorrect in any way, line thro	ounh incorrect in	nformation and	f enter c	orrection below	my	3-17 3-17 DO NOT WRITE IN THIS SI	1996	
2. New Mai	cipal Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida					
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.			SEPTEMBER 4, 1990			ļ
City & State)	City & State				5. FEI Number 59-3325039 Applied For Not Applicable			ĺ
Zip	Country	Zip Country				6. CERTIFICATE OF STATUS DESIRED X SETS Additional section in the company of the			ĺ
•						CERTIFICATE OF STATOS DESIRED (A) SETTING CONTINUES STATOS			
7. Names a	and Street Addresses of Each Officer and/ Name of Officers	rida nonprofit		ions must list at lea et Address of Each		T			
Title(s) and/or Directors			Officer and/or Direct 3 (Do NOT Use Post Office Bo				City / St	tate / Zip	
Pres	es Charles B. Williams D 935 W. 1			. 13	th Stree	t	Lakeland, Fl	. 33805	
Trea Lillie Pearl Battle D 2325 Prov					idence R	dence Road Lakeland, Fl. 33805			
Sec Judy Kitchen D			709 1/2 W. 2nd St.			reet	Lakeland, Fl	. 33805	
							00002047 -01/07/97 ****367.50	7786 9 01063026 ****367.50	
			<u> </u>						
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent 600020477869 §			
Charles B. Williams Street Address 6						20 Box Number is Not Accordingly 97 01 063 027			
935 W. 13th Street					******52.50 *******52.50				ZE
Lakeland, Florida 33805					Suite, Apt. #, Etc.				Ĭ
					City State Zip Code				
10 l, being	g appointed the registered agent of the abo	ove named corp	oration, am la	miliar wit	th and accept the o	bligations of Sec		•	
Signature of Fegistered	Agent Charles will		BENT MUST S	SIGN		··	Date 11-4-4(0	
li i	this corporation is a non-p	profit with	I.R.S. 50)1(c)((3) tax exen	npt status,	check this box [x	(See other side for additional information.)	
712. Do	oes this corporation pay apply of Revenue under S.	any intan 199.032	gible tax , Florida	to th	e utes. Yes	□ No l	(See other s	ide for information angible tax.)	
13. I do he lease t certify this rei	preby certify that the information supplied the Division of Corporations from any liabilithat I am an officer or director or the receinstatemont application the reason for dis wed by the corporation have been paid.	with this filing is ity of non-comp liver or trustee of solution has be-	voluntarily full liance with Se ampowered to on eliminated,	rnished a ction 119 execute the con	and does not qualif 9.07(3)(k) in the ev this application as porate name satisf	y for the exempti ent that the inform provided for in class the requirement	on stated in Section 119.07(3) mation supplied is deemed ex chapter 607 or 617, F.S. I fund ants of section 607.0401 or 6)(k), Florida Statutes, I re- empt from public access. I ther certify that when filling 17,0401, F.S., and that all me legal effect as if made	
SIGNA	oath.		185		DIRECTOR	11-5	1-96	Dayume Phone #	