# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39887** **(7)**

1. Corporation Name

**PROPHET JONES UNIVERSAL TRIUMPH, THE DOMINION OF GOD, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % CHARLIE MAE JONES<br>416 S. BEACH ROAD<br>HOBE SOUND FL 33455 | % CHARLIE MAE JONES<br>416 S BEACH ROAD<br>HOBE SOUND FL 33455 |

3. Date Incorporated or Qualified: **09/10/1990**
3a. Date of Last Report: **02/28/1995**

4. FEI Number: **65-0257068** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. **Name and Address of Current Registered Agent**

JONES, CHARLIE MAE
416 S. BEACH ROAD
HOBE SOUND FL 33455

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SHAFFER, JAMES | 12 NAME | |
| STREET ADDRESS | 8311 LASALLE BLVD. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | DETROIT MI 48206 | 14 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | NOLEN, FULTON | 22 NAME | |
| STREET ADDRESS | 7953 LEFLIN STREET | 23 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL 60620 | 24 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | JONES, CHARLIE MAE | 32 NAME | |
| STREET ADDRESS | 416 S. BEACH ROAD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | 34 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | STORRES, CLARENCE | 42 NAME | |
| STREET ADDRESS | 2461 STURTEVANT STREET | 43 STREET ADDRESS | |
| CITY-ST-ZIP | DETROIT MI 48206 | 44 CITY-ST-ZIP | |
| TITLE | C ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | RAMSEY, GREGORY | 52 NAME | |
| STREET ADDRESS | 8311 LASALLE BLVD. | 53 STREET ADDRESS | |
| CITY-ST-ZIP | DETROIT MI 48206 | 54 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Charlie Mae Jones 01/17/96 (407) 546-2677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLIE MAE JONES