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Feb 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
416 S. BEACH ROAD
HOBE SOUND FL 33455

% CHARLIE MAE JONES
416 S. BEACH ROAD
HOBE SOUND FL 33455-2701



3. Date Incorporated or Qualified
09/10/1990

3a. Date of Last Report
01/26/1996

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SHAFFER, JAMES**
STREET ADDRESS **8311 LASALLE BLVD.**
CITY - ST - ZIP **DETROIT MI 48206**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **NOLEN, FULTON**
STREET ADDRESS **7953 LEFLIN STREET**
CITY - ST - ZIP **CHICAGO IL 60620**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **JONES, CHARLIE MAE**
STREET ADDRESS **416 S. BEACH ROAD**
CITY - ST - ZIP **HOBE SOUND FL 33455**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **STORRES, CLARENCE**
STREET ADDRESS **2461 STURTEVANT STREET**
CITY - ST - ZIP **DETROIT MI 48206**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **C** ☐ DELETE
NAME **RAMSEY, GREGORY**
STREET ADDRESS **8311 LASALLE BLVD.**
CITY - ST - ZIP **DETROIT MI 48206**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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* **02/03/07** **546-3577**
Date Daytime Phone # 0043426

CP2E037 (9/96)