

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 # N48777 (9)
1. Corporation Name
THE TRIUMPHANT CHURCH OF JESUS CHRIST, CORP.



Principal Place of Business

**2800 NW 101ST ST.
MIAMI FL 33147-0393**

Mailing Address

**P O BOX 470393
MLK BRANCH
MIAMI FL 33247-0393
US**

3. Date Incorporated or Qualified
05/07/1992

3a. Date of Last Report
06/13/1995

4. FEI Number
65-0388290

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

21. Principal Place of Business
7777 N. Miami Ave.

2a. Mailing Address
2800 N.W. 101st St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State
Miami, FL

27. City & State
Miami, FL

24. Zip
33138

25. Country
America

29. Zip
33147

30. Country
U.S. - America

9. Name and Address of Current Registered Agent

**BRADSHAWAM, REV. SHIRLEY MAE
2800 NW 101ST ST.
MIAMI FL 33147-0393**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D PASTOR** ☐ DELETE
NAME **BRADSHAWAM, REV. SHIRLEY**
STREET ADDRESS **2800 NW 101ST ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D Pastor** ☐ DELETE
NAME **MANNS, REV. KYLA A.**
STREET ADDRESS **2800 NW 101ST ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D Trustee** ☐ DELETE
NAME **CAMACHO, JULIO L.**
STREET ADDRESS **10 SW 45TH AVE., #7**
CITY-ST-ZIP **MIAMI FL**

TITLE **D Trustee** ☐ DELETE
NAME **LIGHTBOURN, DEBBIE P.**
STREET ADDRESS **1776 N.W. 53 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D Trustee** ☐ DELETE
NAME **WINDSOR, JIMMIE J., JR.**
STREET ADDRESS **2929 S W 16TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Dr. Jimmie Windsor, Jr.

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 or changed, or on an attachment with an address.

SIGNATURE: **Rev. Shirley Bradshawam** April 30, 1996 693-4000
Signature, typed or printed name of signing officer or director
Daytime Phone #

CR2E037 (12/95)