## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # N48

(9)

THE TRIUMPHANT CHURCH OF JESUS CHRIST, CORP.

## FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									- F YORVINDI <b>d</b> er birdi kanin kanif radik indi		DIQII DIDII	B18(1 818)) (B4)
7777 N. MIAMI AVENUE				2800 N.W. 101ST STREET					3. Date Incorporated or Qualified			
MIAMI FL 33136				MLK BRANCH					05/07/1992			
US				MIAMI FL 33147 US					4. FEI Number	·· · · · · ·		Applied For
									65-0388290		$\neg$	Not Applicable
2. Principal Place of Business				2a. Mailing Address							\$8.75	Additional
21			26						5. Continuate of Status Desired		Fee	Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing	_		May Be
City & State			City & State							<u> </u>		to Fees
23				28					7. Is this nonprofit corporation a home		associai No	lion?
Zip	Zip Country			<u> </u>			Country		8. This corporation owes or has paid		nt vear	Intanoible
24	25			29 30					Personal Property Tax due June 30		Yes	□ No
9. Name and Address of Current Registered Agent									10. Name and Address of New Regis	stered A	ent	
						6	1	Name				
BRADSHAWAM, REV. SHIRLEY MAE						ē	2	Street Addre	ess (P.O. Box Number is Not Acceptable)	)		
2800 NW 101ST ST.							_		·			
MIAMI FI	L 33147-0393	3				8	"					
						8	4	City		FL	<b>85</b> Zi	p Code
11. Pursuant	to the provision	ns of Sections 617 0502	and 6	17 1508 Florida Statu	das	the ebo		named corno	pration submits this statement for the purp	nose of o	banging	its registered
Office or r	'eaistered ager	nt, or both, in the State o , and accept the obligat	if Floric	ia. Such change was	Auth	norized	ov t	the corporatio	on's board of directors. I hereby accept t	he appoi	ntment a	as registered
_	ILLI ICHTIIIICE WILLI	, and accept the bullgat	ick is Oi	, 5600011 617,0503, F	IUriu	a Statut	<b>9</b> \$.					
SIGNATURE .	Signature, typed or	printed name of registered agent	and title	if applicable (NO	TE: Re	A berelaige	geni	l signature required	d when reinstating)	DATE		
12.		OFFICERS AND	DIREC			13.			ADDITIONS/CHANGES TO OFFICER	RS AND D	DIRECTO	ORS IN 12
TITLE	DP			☐ DELETE		1.1 TITLE				L	_] Change	Addition
NAME		WAM, REV. SHIRLEY				1.2 NAM						
STREET ADDRESS	2800 NW 101ST ST.						1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	DP			DELETE		1.4 CITY		- ZIP			T 64	4.4400
NAME		REV. KYLA A.		C) Deterit		2.1 TITLE 2.2 NAM				L	_ Change	Addition
STREET ADDRESS	2800 NW						2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	10101 01.					2. 4 CITY-ST-ZIP					
TITLE	DT						3.1 TITLE				Change	Addition
NAME		), JULIO L.				32 NAM				_		
STREET ADDRESS		TH AVE., #7	3.3			3.3 STRE	3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL					3.4. CITY	-ST-	- ZIP				
TITLE	DT			☐ DELETE		4.1 TITLE					Change	Addition
NAME		IRN, DEBBIE P.			1	4. 2 NAM	E					
STREET ADDRESS				4			4.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		<del></del>			4.4 CITY		ZIP			<b>-</b>	···
TITLE	DT	DD 111411111 10		DELETE		5.1 TETLE				L	_I Change	Addition
NAME		, DR. JIMMIE JR.				5.2 NAME						
STREET ADDRESS		16TH TERRACE				5.3 STRE		1				
CITY-ST-ZIP TITLE	MIAMI FL			☐ DELETE	-	5.4 CITY	_	ZIP			Chance	Addition
NAME				- Detere		6.1 TITLE					_i Change	Addition
STREET ADDRESS						6.2 NAME		DODECC				
CITY-ST-ZIP						6.3 STREET ADDRESS 6.4 City-St-Zip						
Officol+2#						O.4 CHIY-	۵I	EIT .				