

2002 UNIFORM BUSINESS REPORT (UBR)

5/25

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-29-2002 90678 014 ****70.20

DOCUMENT # N48777

1. Entity Name

THE TRIUMPHANT CHURCH OF JESUS CHRIST, CORP.

Principal Place of Business

Mailing Address

7777 N. MIAMI AVENUE
MIAMI FL 33138
US

P.O. BOX 470393
MIAMI FL 33247-0393
US

93788

2. Principal Place of Business

3. Mailing Address

7777 N. Miami Ave.

P.O. Box 470393

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2800 N.W. 101 ST.

City & State
Miami, FL

City & State
Miami, FL

Zip
33147

Zip
33247-0393

Country
USA

Country
U.S.A.

4. FEI Number

65-0388290

Applied For

Not Applicable

5. Certificate of Status: Desired

\$8.75. Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rev. Dr. Shirley Mae Bradshawam

5-17-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BRADSHAWAM, REV DR SHIRLEY
2800 NW 101ST ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MANN, REV DR KYLA A
2800 NW 101ST ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LIGHTBOURN, DEBBIE P.
1776 N.W. 53 STREET
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
WINDSOR, DR. JIMMIE JR.
2929 S W 16TH TERRACE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

12. I 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 report or supplemental 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 612, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Dr. Shirley Mae Bradshawam

SIGNATURE REQUIRED

6-14-02 305-693-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)