


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90005 004 \*\*\*\*70.00

<b>DOCUMENT # N48777</b> 1. Entity Name <b>THE TRIUMPHANT CHURCH OF JESUS CHRIST, CORP.</b>					
Principal Place of Business <b>7777 N. MIAMI AVENUE MIAMI, FL 33138 US</b>			Mailing Address <b>P.O. BOX 470393 2800 NW 101 ST. MIAMI, FL 33247-0393 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0388290</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRADSHAWAM, REV. SHIRLEY MAE 2800 NW 101ST ST. MIAMI, FL 33147-0393</b>			7. Name and Address of New Registered Agent Name <b>Rev. Dr. Kyla A. Manns</b> Street Address (P.O. Box Number is Not Acceptable) <b>2800 N.W. 101 STREET</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33147-0393</b>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>Rev. Dr. Kyla A. Manns (Pastor)</b> <b>Rev. Dr. Kyla A. Manns</b> <b>September 11, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>BRADSHAWAM, REV DR SHIRLEY</b> <b>2800 NW 101ST ST.</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>MANN, REV DR KYLA A</b> <b>2800 NW 101ST ST.</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>LIGHTBOURN, DEBBIE P.</b> <b>1776 N.W. 53 STREET</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>WINDSOR, DR. JIMMIE JR.</b> <b>2929 S W 16TH TERRACE</b> <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>LIGHTBOURN, DEBBIE P.</b> <b>3800 N.W. 185th Terrace</b> <b>Miami, Fla. 33055</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <b>Elnita Barnett</b> <b>P.O. Box 470393</b> <b>Miami, Fla. 33247-0393</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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.					
<b>SIGNATURE: Debbie P. Lightbourn - Debbie P. Lightbourn</b> <b>9/8/04</b> <b>305-693-4000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					