

**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 # N93000003024 (7)

1. Corporation Name

TRIUMPH CHURCH OF GOD, INC.



Principal Place of Business

Mailing Address

CORNER OF RIVER ROAD AND CARVER AVENUE  
WEWAHITCHKA FL 32465

P.O. BOX 1343 N/A  
WEWAHITCHKA FL 32465  
US

3. Date Incorporated or Qualified  
07/01/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 1343 N/A

4. FEI Number  
59-3191613

Applied For  
Not Applicable

22 City & State

27 WEWAHITCHKA, FL.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip Country

28 WEWAHITCHKA, FL.  
29 32465 30 GULF

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, JOSEPH  
CORNER OF RIVER ROAD AND CARVER AVENUE  
WEWAHITCHKA FL 32465

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 JOSEPH LEE JACKSON (PCD) Joseph Lee Jackson

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	PCD	<input type="checkbox"/> DELETE
NAME	JACKSON, JOSEPH	
STREET ADDRESS	PO BOX 1343 N/A	N/A
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JACKSON, BETTY	
STREET ADDRESS	PO BOX 54 N/A	N/A
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, SYLVIA	
STREET ADDRESS	PO BOX 1343 N/A	N/A
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ONEY, LYDIA A	
STREET ADDRESS	P O BOX 1356 HILL ST N/A	N/A
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, MATTIE M	
STREET ADDRESS	5707 LAKE DR. APT. 21	N/A
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY, WILLIE C	
STREET ADDRESS	P O BOX 840 N/A	N/A
CITY-ST-ZIP	WEWAHITCHKA FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert ONEY	
1.3 STREET ADDRESS	PO BOX 1356 HILL ST N/A	
1.4 CITY-ST-ZIP	WEWAHITCHKA, FL. 32465	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALTER C. MYERS	
2.3 STREET ADDRESS	1100 E 14th street	
2.4 CITY-ST-ZIP	PANAMA CITY, FL. 32401	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MATTIE M JACKSON	ADDRESS
5.3 STREET ADDRESS	1406 BERTHE APT. A 3	
5.4 CITY-ST-ZIP	PANAMA CITY, FL. 32404	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 if changed, or on an attachment with an address.

SIGNATURE: Joseph Lee Jackson (JOSEPH LEE JACKSON)

Date

Daytime Phone #

904 639-3465

CR2E037 (12/95)