

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003024 (7)**  
1. Corporation Name  
**TRIUMPH CHURCH OF GOD, INC.**



Principal Place of Business <b>CORNER OF RIVER ROAD AND CARVER AVENUE WEWAHITCHKA FL 32465</b>	Mailing Address <b>P.O. BOX 1343 N/A WEWAHITCHKA FL 32465-1343 US</b>
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2. Principal Place of Business 21 <b>Same as Above</b>	2a. Mailing Address 26 <b>Same</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Same</b>	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified <b>07/01/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3191613</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. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**JACKSON, JOSEPH  
CORNER OF RIVER ROAD AND CARVER AVENUE  
WEWAHITCHKA FL 32465**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Jackson (COB) Joseph Jackson P DATE 4-25-97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	ROBERT ONEY	
STREET ADDRESS	PO BOX 1343 N/A	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	<del>XXXXXXXXXX</del>	
STREET ADDRESS	<del>1100 XXXX STREET</del>	
CITY-ST-ZIP	<del>PANAMA CITY FL</del>	
TITLE	D	<input type="checkbox"/>
NAME	JACKSON, SYLVIA	
STREET ADDRESS	PO BOX 1343 N/A	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	D	<input checked="" type="checkbox"/>
NAME	<del>XXXXXXXXXX</del>	
STREET ADDRESS	<del>PO BOX XXXX N/A</del>	
CITY-ST-ZIP	<del>WEWAHITCHKA FL</del>	
TITLE	D	<input type="checkbox"/>
NAME	MATTIE M JACKSON	
STREET ADDRESS	1406 BERTHE APT A-3	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	GRAY, WILLIE C	
STREET ADDRESS	P O BOX 840 N/A	
CITY-ST-ZIP	WEWAHITCHKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D and COB P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Joseph L JACKSON		
2.3 STREET ADDRESS	PO Box 1343		
2.4 CITY-ST-ZIP	WEWAHITCHKA, FL. 32465		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D, S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	BETTY J. JACKSON		
4.3 STREET ADDRESS	PO Box 13 Hill St N/A		
4.4 CITY-ST-ZIP	WEWAHITCHKA FL. 32465		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 Jackson DATE 4-25-97

CP2E037 (9/96)