


FILE NOW: FILING FEE IS \$61.25

FILED

**May 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 CORNER OF RIVER ROAD AND CARVER AVENUE WEWAHITCHKA FL 32465	Mailing Address P.O. BOX 1343 N/A WEWAHITCHKA FL 32465 US
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3. Date Incorporated or Qualified 07/01/1993	
4. FEI Number 59-3191613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. SAME	26. SAME
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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 L. Jackson 4/12/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D ROBERT ONEY
STREET ADDRESS	PO BOX 1343 N/A
CITY-ST-ZIP	WEWAHITCHKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D JACKSON, JOSEPH L
STREET ADDRESS	P O BOX 1343
CITY-ST-ZIP	WEWAHITCHKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D JACKSON, SYLVIA
STREET ADDRESS	PO BOX 1343 N/A
CITY-ST-ZIP	WEWAHITCHKA FL 32465
TITLE	<input type="checkbox"/> DELETE
NAME	DS JACKSON, BETTY J
STREET ADDRESS	P O BOX 13 HILL ST N/A
CITY-ST-ZIP	WEWAHITCHKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MATTIE M JACKSON
STREET ADDRESS	1406 BERTHE APT A-3
CITY-ST-ZIP	PANAMA CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 L. Jackson 4/12/98

CR2E037 (10/97)