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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003024

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



2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/01/1993

4. FEI Number

59-3191613

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

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 SAME

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 L Jackson (Joseph L Jackson) D Joseph L Jackson 3-3-99

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME ROBERT ONEY
STREET ADDRESS PO BOX 1343 N/A
CITY-ST-ZIP WEWAHITCHKA FL

TITLE D DELETE

NAME JACKSON, JOSEPH L
STREET ADDRESS P O BOX 1343 N/A
CITY-ST-ZIP WEWAHITCHKA FL

TITLE D DELETE

NAME JACKSON, SYLVIA
STREET ADDRESS PO BOX 1343 N/A
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE DS DELETE

NAME JACKSON, BETTY J
STREET ADDRESS P O BOX 13 HILL ST N/A
CITY-ST-ZIP WEWAHITCHKA FL

TITLE D DELETE

NAME MATTIE M JACKSON
STREET ADDRESS 1406 BERTHE APT A-3
CITY-ST-ZIP PANAMA CITY FL

TITLE D DELETE

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

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Joseph L Jackson (Joseph L Jackson) D Joseph L Jackson

3-3-99

850-639-3465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)