

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003024

1. Entity Name
TRIUMPH CHURCH OF GOD, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90181 011 ****70.00

Principal Place of Business Mailing Address
CORNER OF RIVER ROAD AND CARVER AVENUE **P.O. BOX 1343 N/A**
WEWAHITCHKA FL 32465 **WEWAHITCHKA FL 32465-1343**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **SAME** 3. Mailing Address **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3191613** Applied For
 Not Applicable

Zip Country Zip Country

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

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

7. Name and Address of New Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE Joseph L Jackson (Joseph L. Jackson) Joseph L Jackson 2-21-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ROBERT ONEY
STREET ADDRESS	PO BOX 1343 N/A
CITY-ST-ZIP	WEWAHITCHKA FL
TITLE	D <input type="checkbox"/> Delete
NAME	JACKSON, JOSEPH L
STREET ADDRESS	P O BOX 1343
CITY-ST-ZIP	WEWAHITCHKA FL
TITLE	D <input type="checkbox"/> Delete
NAME	JACKSON, SYLVIA
STREET ADDRESS	PO BOX 1343 N/A
CITY-ST-ZIP	WEWAHITCHKA FL 32465
TITLE	DS <input type="checkbox"/> Delete
NAME	JACKSON, BETTY J
STREET ADDRESS	P O BOX 13 HILL ST N/A
CITY-ST-ZIP	WEWAHITCHKA FL
TITLE	D <input type="checkbox"/> Delete
NAME	MATTIE M JACKSON
STREET ADDRESS	1406 BERTHE APT A-3
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> Delete
NAME	GRAY, WILLIE C
STREET ADDRESS	P O BOX 840 N/A
CITY-ST-ZIP	WEWAHITCHKA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: Joseph L Jackson (Joseph L. Jackson) Joseph L Jackson 2-21-00 850-639-3465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)