

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90683 034 ****70.00

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1. Entity Name

**TRIUMPHING JESUS CHRIST FAITH HOLINESS
CHURCH, INC.**



Principal Place of Business

**4765 NW 17TH AVE
MIAMI FL 33142
US**

Mailing Address

**PO BOX 470385
MIAMI FL 33247
US**

2. Principal Place of Business

1545 NW 54 ST

Suite, Apt. #, etc.

MIA 71

City & State

33142

Zip

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0556153

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, RUBY
2350 NW 208TH ST
OPA LOCKA FL 33056**

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **WHITE, RUBY**
CITY-ST-ZIP **2350 NW 208TH ST
OPA LOCKA FL 33056**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **GOOD, VALENCIA**
CITY-ST-ZIP **19720 NW 5TH AVE
MIAMI FL 33169**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **ALEXANDER, SARAH**
CITY-ST-ZIP **2139 NW 68TH TERRACE
MIAMI FL 33142**

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **WEAVER, CORNEISE J**
CITY-ST-ZIP **3461 NW 174TH ST
MIAMI FL 33056**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Ruby White, Pastor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

**1-836-7181
305-621-6121**

Daytime Phone #