

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002990

FILED  
Apr 23, 2005  
Secretary of State

**Entity Name:** TRIUMPHING JESUS CHRIST FAITH HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

1545 NW 54 ST  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 470385  
MIAMI, FL 33247 US

**New Mailing Address:**

**FEI Number:** 65-0556153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WHITE, RUBY  
Address: 2350 NW 208TH ST  
City-St-Zip: OPA LOCKA, FL 33056

Title: DV ( ) Delete  
Name: GOOD, VALENCIA  
Address: 19720 NW 5TH AVE  
City-St-Zip: MIAMI, FL 33169

Title: DS ( ) Delete  
Name: ALEXANDER, SARAH  
Address: 2139 NW 68TH TERRACE  
City-St-Zip: MIAMI, FL 33142

Title: DT ( ) Delete  
Name: WEAVER, CORNEISE J  
Address: 3461 NW 174TH ST  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBY WHITE

DP

04/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date