## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002990

FILED Apr 19, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 1545 NW 54 ST MIAMI, FL 33142 US **Current Mailing Address: New Mailing Address:** PO BOX 470385 PO BOX 470385 MIAMI, FL 33247 US MIAMI, FL 33147 US FEI Number: 65-0556153 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, RUBY 2350 NW 208TH ST OPA LOCKA, FL 33056 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WHITE, RUBY Name: Name: 2350 NW 208TH ST Address: Address: City-St-Zip: OPA LOCKA, FL 33056 City-St-Zip: Title: DV () Delete Title: DV (X) Change ( ) Addition Name: GOOD, VALENCIA Name: GOOD, VALENCIA Address: 19720 NW 5TH AVE Address: 113 CAMILLE DRIVE City-St-Zip: MIAMI, FL 33169 City-St-Zip: GRETNA, FL 32332 Title: DS () Delete Title: DS (X) Change ( ) Addition ALEXANDER, SARAH MOORE, BILLIE Name: Name: 2139 NW 68TH TERRACE Address: Address: 545 NW 45TH STREET City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33147 Title: DT ( ) Delete Title: () Change () Addition WEAVER, CORNEISE J Name: Name: Address: 3461 NW 174TH ST Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 04/19/2006