

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002990

FILED
Apr 27, 2009
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 33147 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: 113 CAMILLE DRIVE
City-St-Zip: GRETNA, FL 32332

Title: DS () Delete
Name: MOORE, BILLIE
Address: 545 NW 45TH STREET
City-St-Zip: MIAMI, FL 33147

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 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: CORNEISE J. WEAVER

DT

04/27/2009

Electronic Signature of Signing Officer or Director

Date