

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:14

DOCUMENT # N94000003057 (6)

1. Corporation Name

THE CHURCH TRIUMPHANT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 8063
OCALA FL 34479

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OCALA FL 34479

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/10/1994

4. FEI Number

59-3165513

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3344 NE Jacksonville Rd

Suite, Apt. #, etc.

22 (reported originally)

27 City & State

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNELGROVE, JONATHAN D
3344 NE JACKSONVILLE ROAD
OCALA FL 34479

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: SNELGROVE, JONATHAN D
STREET ADDRESS: 5551 NE WEST ANTHONY RD
CITY-ST-ZIP: Ocala FL 32670

11 TITLE: Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE: D
NAME: SNELGROVE, JOEL
STREET ADDRESS: 3101 NE 70TH ST. #A
CITY-ST-ZIP: Ocala FL 32670

21 TITLE: Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE: D
NAME: GRABAU, ROBERT E SR
STREET ADDRESS: 4121 SE 41ST AVENUE
CITY-ST-ZIP: Ocala FL 34469

31 TITLE: Change Addition
32 NAME: Grabau, Robert E Sr.
33 STREET ADDRESS: 4111 NE 7th St
34 CITY-ST-ZIP: Ocala, FL 34470

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

41 TITLE: Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

51 TITLE: Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

61 TITLE: Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan D. Snellgrove

4-11-95

Date

904-620-0780

Telephone #