FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9400003057 (6)

Corporation Name	 	 	

THE C	HURCH TRIUMPHANT, INC.			4 18631/61 A18 18/14 43TH 66/14 67/14	āija 88jai 86jāš aibij bājā; Bijai 1881 (88)
Principal Place	of Business	Mailing Address		I HORNINDI BAN HENAL OMBRA ONDIN DONIN C	BANI ORNIA ODNOG KOKIO BRADI MANYA UDDI ADDI
3344 NE JAC OCALA FL 34 US	CKSONVILLE RD 4479	P.O. BOX 9083 OCALA FL 34479			
				3. Date Incorporated or Qualified 06/10/1994	3a. Date of Last Report 04/14/1995
2. Principal Pl 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3165513	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zıp 24	Country 25	Ζιρ 29	Country 30	This corporation has liability for int Florida Statutes	tangible tax under s. 199.032, Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	
			B1 Name		
	ROVE, JONATHAN D		82 Street Addre	ess (P.O. Box Number is Not Acceptable	
	E JACKSONVILLE ROAD FL 34479		83		
OUALA	FL 34478				
			84 City		FL 85 Zip Code
11. Pursuant to or register familiar wi	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid th, and accept the obligations of, Section	and 617.1508, Florida Statute a. Such change was authorizen 617.0503, Florida Statutes	es, the above-named corpora ed by the corporation's board	ition submits this statement for the purpo d of directors. I hereby accept the appoin	ose of changing its registered office nament as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of registered agent a		TE: Registered Agent signature required	·	DATE
TITLE	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SNELLGROVE, JONATHAN D		1.2 NAME		□ Average □ vectors
STREET ADDRESS	5551 NE WEST ANTHONY RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 32670		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SNELLGROVE, JOEL		22 NAME		
STREET ADDRESS	3101 NE 70TH ST. #A		2 3 STREET ADDRESS		
CITY-SI-ZIP	OCALA FL 32670	Florests	2 4 CITY-ST-ZIP		
TITLE	d Grabau, Robert e. Sr.	DELETE	3 1 TITLE		Change Addition
NAME	4111 NE 7TH ST.		3 2 NAME		
STREET ADDRESS	OCALA FL		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VVALA I L	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		Detreit	4. 2 NAME		El armillo El udomon
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			6.4 CITY-ST-ZIP		
14. I do hereb	by certify that the information supplied w	rith this filing is voluntarily furn	ished and does not qualify for	r the exemption stated in Section 119.07	//3/k), Florida Statutes, Lfurther

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 time proporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Date

Date

Description 119.07(3)(k), Florida Statutes. I further can be added as not provided that my signature shall have the same legal effect as if made under oath; that I am an officer or directory that I am an officer or directo

SIGNATURE: _