2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002533

1. Entity Name

TRIUMPH THE BROTHERHOOD HEALING TEMPLE KINGDOM OF GOD IN CHRIST INC.

Principal Place of Business	Mailing Address
2013 NW 42ND STREET WINTER HAVEN FL 33881	410 SMITH ROAD POLK CITY FL 33868

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-2229685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCAFEE, GERALDINE 410 SMITH RD POLK CITY FL 33868	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MCAFEE, PHILLIP		NAME		
STREET ADDRESS	410 SMITH ROAD		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY FL 33838		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MCAFEE, GERALDINE		NAME		
STREET ADDRESS	410 SMITH RD		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY FL 33868		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BURKE, THELMA		NAME		
STREET ADDRESS	410 SMITH ROAD		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY FL		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BURKE, THELMA		NAME		
STREET ADDRESS	133 PALM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Add
NAME	YOUNG, RADAJAI		NAME		
STREET ADDRESS	PO BOX 7529, 133 PALM DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP		
TITLE	M	☐ Delete	TITLE		☐ Change ☐ Add
NAME	YOUNG, SHARDAJAI		NAME		
STREET ADDRESS	PO BOX 7529, 133 PALM DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.