

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90040 023 ****70.00

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1. Entity Name

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



Principal Place of Business

2013 NW 42ND STREET
WINTER HAVEN FL 33881

Mailing Address

410 SMITH ROAD
POLK CITY FL 33868

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/06)

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

**MCAFFEE, 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

Geraldine McAfee

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCAFFEE, PHILLIP	
STREET ADDRESS	410 SMITH ROAD	
CITY ST ZIP	POLK CITY FL 33838	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCAFFEE, GERALDINE	
STREET ADDRESS	410 SMITH RD	
CITY ST ZIP	POLK CITY FL 33868	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURKE, THELMA	
STREET ADDRESS	410 SMITH ROAD	
CITY ST ZIP	POLK CITY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BURKE, THELMA	
STREET ADDRESS	133 PALM DRIVE	
CITY ST ZIP	WINTER HAVEN FL 33880	
TITLE	DS	<input type="checkbox"/> Delete
NAME	YOUNG, RADAJAI	
STREET ADDRESS	PO BOX 7529, 133 PALM DR	
CITY ST ZIP	WINTER HAVEN FL 33881	
TITLE	M	<input type="checkbox"/> Delete
NAME	YOUNG, SHARDAJAI	
STREET ADDRESS	PO BOX 7529, 133 PALM DR	
CITY ST ZIP	WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geraldine McAfee	
STREET ADDRESS	410 Smith Rd	
CITY ST ZIP	POLK CITY, FLA 33868	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillip McAfee	
STREET ADDRESS	410 Smith Rd	
CITY ST ZIP	POLK CITY, FLA. 33868	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Geraldine McAfee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863/984/2973