

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002533

FILED
Apr 15, 2008
Secretary of State

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

Current Principal Place of Business:

2013 NW 42ND STREET
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

410 SMITH ROAD
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 35-2229685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCAFEE, GERALDINE
410 SMITH RD
POLK CITY, FL 33868 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: VPD () Delete
Name: MCAFEE, PHILLIP
Address: 410 SMITH ROAD
City-St-Zip: POLK CITY, FL 33838

Title: PD () Delete
Name: MCAFEE, GERALDINE
Address: 410 SMITH RD
City-St-Zip: POLK CITY, FL 33868

Title: S () Delete
Name: BURKE, THELMA
Address: 410 SMITH ROAD
City-St-Zip: POLK CITY, FL

Title: DS () Delete
Name: BURKE, THELMA
Address: 133 PALM DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DS () Delete
Name: YOUNG, RADAJAI
Address: PO BOX 7529, 133 PALM DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: M () Delete
Name: YOUNG, SHARDAJAI
Address: PO BOX 7529, 133 PALM DR
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BURKE, THELMA
Address: 410 SMITH ROAD
City-St-Zip: POLK CITY, FL 33868

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: GERALDINE MCAFEE

MRS.

04/15/2008

Electronic Signature of Signing Officer or Director

Date