

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002533

**FILED**  
**Apr 04, 2010**  
**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 (X)**

**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  
Name: MCAFEE, PHILLIP  
Address: 410 SMITH ROAD  
City-St-Zip: POLK CITY, FL 33838

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

Title: S  
Name: BURKE, THELMA  
Address: 410 SMITH ROAD  
City-St-Zip: POLK CITY, FL 33868

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

Title: DS  
Name: HARVEY, THELMA  
Address: 336 TERMINAL AVENUE  
City-St-Zip: POLK CITY, FL 33868

Title: M  
Name: MCDONALD, PATRICIA  
Address: 2207 N. MERRIN STREET  
City-St-Zip: PLANT CITY, FL 33563

I hereby 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 all other like empowered.

SIGNATURE: GERALDINE MCAFEE

PD

04/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date