## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

1. Corporation Name (0)													
ARTS TRIUMPHANT MINISTRIES, INC.													
,													A 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Director Division Division													
Principal Place of Business Mailing Address													
9570 REGENCY SQUARE BLVD. 9570 REGENCY SQUARE BL   JACKSONVILLE FL 32225							VD.				3. Date Incorporated or Qualified		
		ONCOMMENT TO OFFE	1100 10 00000				-	03/18/1996					
											4. FEI Number 59-3388701	$\vdash$	Applied For Not Applicable
2. Pr	incipal Place of Bu	sines	5	2a	2a. Mailing Address					-+		¬ \$8.7/	5 Additional
21			26							Certificate of Status Desired		Required	
Sulte, Apt. #, etc.					Suite, Apt. #, etc.						6. Election Campaign Financing		🕽 May Bə
22 Ci	ty & State		27	City & State						Trust Fund Contribution		d to Fees	
23	, • • • • • • • • • • • • • • • • • • •			28	<del> </del>					İ	7. Is this nonprofit corporation a home		tion?
( Zij	)	Country			Zip		Country			$\top$	8. This corporation owes or has paid to	he current year	Intangible
24							0				Personal Property Tax due June 30.		□ No
9. Name and Address of Current Registered Agent									ame .	1	10. Name and Address of New Regist	ered Agent	
NWITANG COUNT								l N	aiiio				
WILLIAMS, COLIN J 9570 REGENCY SQUARE BLVD.							82	≧ St	reet Add	dress	(P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32225								3					
								ı cı	itu			oe 7	ip Code
								FL 1"				FL	•
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abordice or registered agent, or both, in the State of Florida. Such change was authorized</li> </ol>										rpora	ition submits this statement for the purp 's board of directors. I hereby accept the	ose of changing	g its registered as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi									nature requ	uired w	rhen reinstating) (	DATE	
12.		OFFICERS AND DIRECTORS						13.			ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	D					1.1 TITLE			1			☐ Chang	e 🔀 Addition
NAME	WILLIAMS, COLIN J DORESS 9570 REGENCY SQUARE BLVD.									31R1	enhel, Marla 10 Regency Sq. Blud.		
	1400							CKSONVINE, FL. 32225					
CITY-S		JACKSONVILLE FL 32225								D 7 W	CK SONAINTE! LT. 2000	Chang	e Addition
NAME	1 -	WILLIAMS, YVONNE						2.2 NAME			COURT KATHY S.	L-J Cliary	8 MUUILIOII
1	ADDRESS 9570 F	).			2.3 STREET ADDRESS			157	COURT, KATHY S. 10 REGENCY SA. GIND.				
CITY-S'	14000		2.4				JA	CKSONVILLE, FL. 32225					
TITLE	Q	DELETE						3.1 TITLE				Chang	e 🔀 Addition
NAME	TAYLOR-KRUPP, CONNIE						3.2 NAME			NO.	bgrass, susau		
STREET	9570 REGENCY SQUARE BLVD						3.3 STREET ADDRESS			446	DE LAUREL GREENWAY		
CITY-S	T-ZIP JACKSONVILLE FL				T pri cre		3.4. CITY-ST-ZIP				chsonville, Fl. 32225		TEXT A LIBERT
TITLE					☐ DELETË		.1 TITLE			D	ALLO THAN CARIAS	☐ Chang	e 🗶 Addition
	NAME STREET ADDRESS				4. 2 NAME				occe D	) E N	(ALLE, JUAN CARLOS . Box III 81		
CITY-SI			4.3 STREET ADORESS 4.4 CITY - ST - ZIP				TAC	CHOONVILLE, FL. 30239					
TITLE			* <del></del>		DELETE		1 TITLE	01-EH				☐ Change	e 🔀 Addition
NAME											RK PAT		
STREET ADDRESS					5.3 STREET ADDR			iess c	RUARK PAT 9570 REGERCY SO. BLUD.				
CITY-ST				· · · ·		5.	4 CITY-	ST-ZIP	ت 📗	TAG	CKSONVILLE, FL. 30085		
TITLE	(E)			-	DELETE	6.	.1 TITLE					Change	e 🔲 Addition
NAME							.2 NAME						
STREET ADDRESS							6.3 STREET ADDRESS						
CITY_E1	. 710 I					2	4 CITY I	OT TO					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

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**FILED** 

May 12 1998 8:00am

Secretary of State