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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001482

1. Corporation Name

ARTS TRIUMPHANT MINISTRIES, INC.

Principal Place of Business
9570 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225

Mailing Address
9570 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225

3 1 4 2
311442 - 90027 - 36



2. Principal Place of Business

21 **8121 ARLINGTON EXPRESSWAY**
Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 350607**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

59-3388701

Applied For

Not Applicable

City & State

23 **JACKSONVILLE FL**

City & State

28 **JACKSONVILLE FL**

Zip

24 **32211**

Country

25 **USA**

Zip

29 **32235**

Country

30 **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, COLIN J
9570 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name **COLIN J. WILLIAMS**
82 Street Address (P.O. Box Number is Not Acceptable)
8121 ARLINGTON EXPRESSWAY
83
84 City **JACKSONVILLE** FL 85 Zip Code **32211**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

[Signature] **Colin J. Williams**

3/1/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, COLIN J	
STREET ADDRESS	9570 REGENCY SQUARE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, YVONNE	
STREET ADDRESS	9570 REGENCY SQUARE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR-KRUPP, CONNIE	
STREET ADDRESS	9570 REGENCY SQUARE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVALLE, J C	
STREET ADDRESS	POB 11181	
CITY-ST-ZIP	JAX FL 32239	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUARK, P	
STREET ADDRESS	9570 REGENCY SQ BLVD	
CITY-ST-ZIP	JAX FL 32225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNODGRASS, S	
STREET ADDRESS	4962 LAUREL GREENWAY	
CITY-ST-ZIP	JAX FL 32225	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COLIN J. WILLIAMS	
1.3 STREET ADDRESS	8121 ARLINGTON EXPRESSWAY	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32211	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YVONNE WILLIAMS	
2.3 STREET ADDRESS	8121 ARLINGTON EXPRESSWAY	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32211	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARLA STREMMER	
3.3 STREET ADDRESS	9570 REGENCY SQ. BLVD.	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

[Signature] **WILLIAMS**

3/1/99

(904) 725-7867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)