FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

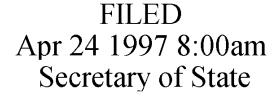
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600006603 (2)

THE VOICE OF TRIUMPH MINISTRIES, INC.





Principal Place	e of Business	Mailin	iling Address				- I fábhriði áng látta úttil gélik agiki áðiki áðiki gálna útlið útlið sekka kkil faði.				
1300 N FEDERAL HWY SUITE 102			SUITE 102								
BOCA RATON (FL 33432	BOCA	BOCA RATON FL 33432-2848			3. Date incorporated or Qualified 12/23/1996	3a. Date of Last Report				
2. Principal P.	lace of Business	2a. Ma	ailing Address	·			4. FEI Number		77	Applied For	\dashv
21		26					86-0680652			Not Applicat	ble
Suite, Apt.	#, etc.		ite, Apt. #, etc.	·			5. Certificate of Status Desired		\$8.75	Additional	\neg
22		27					B. Certificate of Status Desired		Fee F	Required	
City & State	е	├	ty & State				6. Election Campaign Financing		\$5.0	May Be	l
23		28		 			Trust Fund Contribution	<u> </u>		d to Fees	_
Zip	Country	Zip	0		ıntry		8. This corporation has liability for			s. 199.032,	ſ
24 25 29				30				Yes L			_
	9, Name and Address of Curren	t Register	ed Agent		81	Name	10. Name and Address of New Re	gistered A	gent		{
					"	ivarne					ĺ
	S. HOWARD				82	Street	Address (P.O. Box Number is Not Acceptate	le)			
_	FEDERAL HWY				ليا						
SUITE 1					83						l
	IATON FL 33432				84	City			85 Zig	p Code	\neg
•								<u>FL</u>	11.		
11. Pursuant	to the provisions of Sections 617.050:	2 and 617.1	1508, Florida Stati Such chance was	ites, the a	bove d by	-hamed	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of	changing	; its registere es registerec	ed
agent I a	m familiar with, and accept the obliga	itions of, Se	ection 617.0503, F	lorida Sta	tutes	6,	solution of board of birodiolo. Thereby deedly	it the upp		io regiotere	1
CICKIATI IDE:											_ 1
	Signature, typed or printed name of registered age				d Age	nt eignature	required when reinstating)	DATE	-		\Box
12.	OFFICERS AND	DIRECTO		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND			lan.
TITLE D	President		☐ DELETE	1.1 7					Change	Additi	lion
NAME	Eileen R. Connolly		(00	1.2 N							ŀ
STREET ADDRESS	1967 S Ocean Blvd.,	-	428	1.3 \$	TREET	ADDRESS					į
CITY-ST-ZIP	Pompano Beach, FL	33062	T Asiese		ITY-S	T-ZIP					
JILTE 🏠	Secretary		☐ DELETE	2.1 T					Change	a []] Additi	ion
NAME	Wilma Cole			2.2 N							
STREET ADDRESS	10214 E. Placita Cr	esta l	lia	235	TREET	ADDRESS					
CITY-ST-ZIP	Tucson, AZ 85749		T-1			ST-ZIP				1 1 2 2 2 2 2	
TITLE D	Treasurer		E DELETE	3.1 T					Dhange	e 🔲 Additi	юп
NAME	Art Cole			3.2 N							
STREET ADDRESS	10214 E. Placita Cr	esta l	lia	3.3 S	TREET	ADDRESS					1
CITY-ST-ZIP	Tucson, AZ 85749		The server			ST-ZIP			T Obs	4 4 474	
TITLE			· DELETE	4.1 T	•				☐ Change	e 🛄 Additi	100
NAME					MAME						Ì
STREET ADDRESS				4.3 S	TREET	address					ı
CITY-ST-ZIP			1 55.555			T-ZIP					
TITLE			DELETE	5.1 T					Change	e 🔲 Additi	.ion
NAME				5.2 N	AME						ļ
STREET ADDRESS				538	TREET	ADDRESS					Į
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NAME				6.2 N	AME						ļ
STREET ADDRESS				6.3 S	TAEET	ADDRESS	<u>'</u>				ſ
CITY-ST-ZIP					ITY-S		<u></u>]
14. I do heret	by certify that the information supplied	with this f	iling does not qua	lify for the	8X8	mption s	tated in Section 119.07(3)(i), Florida Statute	s. I further	certify the	at the	.hai

4. To release certify that the information supplied with this hing does not qualify that the supplied with this supplied with this supplied with this supplied with the sup

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97 (954) 784-8448