

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000231 (7)**

1. Corporation Name
VOICE OF TRIUMPH CHURCH, INC.

Principal Place of Business 1807 N 18TH CT FT PIERCE FL 34950	Mailing Address P O BOX 3626 FT PIERCE FL 34948
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2. Principal Place of Business 21 802 N. 7th St. Suite, Apt. #, etc.	2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc.
22 City & State 23 FT. PIERCE, FL	27 City & State 28
24 Zip 34950 25 Country ST. LUCIE	29 Zip 30 Country

3. Date Incorporated or Qualified 01/16/1997
4. FEI Number 65-728424
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HENDERSON, TAUNYA
1902 N 43RD ST
FT PIERCE FL 34947**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 *Taunya Henderson* **TAUNYA HENDERSON/SECRETARY 2/1/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LUCKEY, TROY D	
STREET ADDRESS	1807 N 18TH CT	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROUNDTREE, WILLIE	
STREET ADDRESS	509 N 31ST ST	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENDERSON, TAUNYA	
STREET ADDRESS	1920 N 43RD ST	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LUCKEY, TROY D.	
1.3 STREET ADDRESS	65 VIRGINIA PK. BLVD	
1.4 CITY-ST-ZIP	FORT PIERCE, FL 34947	
2.1 TITLE	T - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIE ROUNDTREE	
2.3 STREET ADDRESS	1701 N. 43RD ST	
2.4 CITY-ST-ZIP	FORT PIERCE FL 34947	
3.1 TITLE	SEC. - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOLLAND, TAUNYA	
3.3 STREET ADDRESS	1920 N. 43rd ST.	
3.4 CITY-ST-ZIP	FORT PIERCE, FL 34947	
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.

SIGNATURE: *Troy D. Luckey* **TROY D. LUCKEY, Pastor/Pas. 1-30-98 4644006** (561)

CP2E037 (10/97)