

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90002 027 ****61.25

DOCUMENT # N97000001800

1. Entity Name

THE REMNANT CHURCH INTERNATIONAL TRUST, INC.



Principal Place of Business

13112 BALM BOYETTE RD
RIVERVIEW FL 33569

Mailing Address

P.O. BOX 75431
TAMPA FL 33675

54073166



MOORE

CR2E037 (4/04)

2. Principal Place of Business

8614 N. 39th St
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 75431
Suite, Apt. #, etc.

City & State

Tampa, Florida
Zip Country

33604

City & State

Tampa, Florida
Zip Country

33675

4. FEI Number

59-3441812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLON, TAMI
13112 BALM BOYETTE RD
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name Yvon F. Goggins
Street Address (P.O. Box Number is Not Acceptable)

8614 N. 39th St
City

Tampa

FL

Zip Code

33604

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Yvon F. Goggins Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 5, 2004

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME GALLON, ALFONSO
STREET ADDRESS 13112 BALM BAYETTE RD
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE VPD ☒ Delete

NAME GALLON, TAMI
STREET ADDRESS 13112 BALM BOYETTE RD
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE M ☐ Delete

NAME GOGGINS, THEODIS
STREET ADDRESS 904 MAYDELL CT
CITY-ST-ZIP TAMPA FL 33619

TITLE T ☐ Delete

NAME MAGWOOD, ZAHRA
STREET ADDRESS 8609 BRIAR HAVEN CT
CITY-ST-ZIP TAMPA FL 33619

TITLE M ☐ Delete

NAME MAGWOOD, LORENZO
STREET ADDRESS 8609 BRIAR HAVEN CT
CITY-ST-ZIP TAMPA FL 33619

TITLE D ☒ Delete

NAME ROBINSON, RICARDO
STREET ADDRESS 3804 E FLORD ST
CITY-ST-ZIP TAMPA FL 33604

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition

NAME Philip Jenkins
STREET ADDRESS 9242 N. Hyaleah RD Apt 2
CITY-ST-ZIP Tampa, FL 33617

TITLE M ☒ Change ☐ Addition

NAME Theodis Goggins JR
STREET ADDRESS 8614 N. 39th St
CITY-ST-ZIP Tampa, FL 33604

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition

NAME Yvon F. Goggins
STREET ADDRESS 8614 N. 39th St
CITY-ST-ZIP Tampa, FL 33604

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yvon F. Goggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-2004 (813) 984-8343