

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90803 021 ****70.00

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1. Entity Name

FAITH TRIUMPHANT COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business

**15841 SW 102 COURT
MIAMI FL 33157**

Mailing Address

**15841 SW 102 COURT
MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ALEXANDER, EDWARD JR
15841 SW 102 COURT
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

Rhonal S Tice

Street Address (P.O. Box Number is Not Acceptable)

19640 SW 127 Court

City

Miami

FL

Zip Code

33177-4800

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

Rhonal S Tice

Rhonal S Tice

4-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, EDWARD JR	
STREET ADDRESS	15841 SW 102 COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, GENEVA A	
STREET ADDRESS	10431 SW 165 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, DELORES F	
STREET ADDRESS	10701 SW 216 ST #10	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEWS, EMILY	
STREET ADDRESS	12552 SW 259 TERR	
CITY-ST-ZIP	NARANJA FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rhonal S. Tice	
STREET ADDRESS	19640 SW 127 CT	
CITY-ST-ZIP	Miami, FL 33177	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvette L. Tice	
STREET ADDRESS	10110 SW 170 Ter	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander, Deloris F.	
STREET ADDRESS	15841 SW 102 CT	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Rhonal S Tice

04-28-03

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/02)