


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90008 024 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000000769</b> ✓					
1. Corporation Name <b>MARTHA HANKINS HOUSE OF TRIUMPH, INC.</b>					
Principal Place of Business C/O REV. CAROL GLANTON 1105 E CHURCH ST MELBOURNE FL 32901			Mailing Address C/O REV. CAROL GLANTON 1105 E CHURCH ST MELBOURNE FL 32901		
2. Principal Place of Business 21 <b>MARTHA HANKINS HOUSE OF TRIUMPH</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2710 MAIN ST</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/09/1998</b>	
22		27		4. FEI Number <b>Applied for</b> Applied For Not Applicable	
23 City & State <b>MELBOURNE, FLORIDA</b>		28 City & State <b>MELBOURNE, FLA.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32901</b>		29 Zip <b>32901</b>		30 Country <b>BREUARD</b>	
9. Name and Address of Current Registered Agent <b>GLANTON, CAROL</b> <b>1105 E CHURCH ST</b> <b>MELBOURNE FL 32901</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRANCIS N. Bradley</b>		1.2 NAME		
STREET ADDRESS	<b>427 TIMBERLAKE DR</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE FLA 32940</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Rev. Carol W. Glanton</b>		2.2 NAME		
STREET ADDRESS	<b>907 E. COVINA WAY</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE, FL 32901</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Rev. Dwight Green</b>		3.2 NAME		
STREET ADDRESS	<b>858 DUBOIS AVE</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BAY, FL 32909</b>		3.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Rev. Arlene Coulter</b>		4.2 NAME		
STREET ADDRESS	<b>5925 OLD DIXIE HIGHWAY</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE, FL 32940</b>		4.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Brenda Johnson</b>		5.2 NAME		
STREET ADDRESS	<b>2123 WASHINGTON NE</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BAY, FL 32905</b>		5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)