

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
05-17-2001 90381 023 \*\*\*\*61.25

**DOCUMENT # N99000002190**

1. Entity Name

**TRIUMPHANT CHURCH OF JESUS CHRIST, INC. OF MIRAM**

Principal Place of Business

**2322 S.W. 60TH TERR  
MIRAMAR FL 33023**

Mailing Address

**2322 S.W. 60TH TERR  
MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0907340**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, MORRIS  
15694 N.W. 41ST AVE.  
MIAMI FL 33054**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **CAMPBELL, MORRIS**  
STREET ADDRESS **15694 N.W. 41ST AVE.**  
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **D** ☐ Change ☒ Addition  
NAME **GRAY, NADA**  
STREET ADDRESS **615 NW 210 St. Unit #205**  
CITY-ST-ZIP **North Miami Bch, FL 33169**

TITLE **DT** ☐ Delete  
NAME **CAMPBELL, DOROTHY**  
STREET ADDRESS **15694 N.W. 41ST AVE.**  
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **D** ☐ Change ☒ Addition  
NAME **DANIEL, CHRISSETTA PHILLIPS**  
STREET ADDRESS **3900 SW 52nd Ave. #103**  
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **DVP** ☒ Delete  
NAME **DOUGLAS, LLOYD B**  
STREET ADDRESS **4080 N.W. 8TH TERR.**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☒ Delete  
NAME **DOUGLAS, GLORIA**  
STREET ADDRESS **4080 N.W. 8TH TERR.**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DAT** ☐ Delete  
NAME **THOMAS, CLARA**  
STREET ADDRESS **4501 N.W. 12TH ST.**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RILEY, SHERROL**  
STREET ADDRESS **8208 NW 14TH ST.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ 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 empowerment.

SIGNATURE:

*Morris Campbell* **Morris Campbell** 5-1-01 305/622-9412

CR2E037 (10/00)