

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004849

1. Entity Name

TRIUMPHANT CHURCH OF THE FIRST BORN INC

Principal Place of Business

3623-4TH AVENUE SOUTH
ST. PETERSBURG FL 33711

Mailing Address

3623-4TH AVENUE SOUTH
ST. PETERSBURG FL 33711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3600941

Applied For

Not Applicable

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

GREEN, ELDER WILLIAM
3623-4TH AVENUE SOUTH
ST. PETERSBURG FL 33711

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 P
NAME GREEN, WILLIAM ☐ Delete
STREET ADDRESS 3623 4TH AVE. S.
CITY-ST-ZIP SAINT PETERSBURG FL 33711

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

TITLE VS
NAME MILLER, IOAN ☐ Delete
STREET ADDRESS 700 JASMINE WAY S.
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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

TITLE T
NAME SALMON, RUBY ☐ Delete
STREET ADDRESS 1654 61ST AVE. S.
CITY-ST-ZIP SAINT PETERSBURG FL 33711

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

TITLE T
NAME CLARKE, RUBERTITA ☐ Delete
STREET ADDRESS 4430 FAIRFIELD AVE.
CITY-ST-ZIP SAINT PETERSBURG FL 33711

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

TITLE T
NAME LAMEY, PAULETTE D ☐ Delete
STREET ADDRESS 1313FRIZZELL LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

TITLE T
NAME LAMEY, HOPETON ☐ Delete
STREET ADDRESS 348 KINGFISH DRIVE SE
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

William Green

3-8-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90021 050 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)