

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000004849

1. Entity Name

TRIUMPHANT CHURCH OF THE FIRST BORN INC



FILED
Feb 22, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3600941

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

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

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
Due By May 1, 2007

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

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

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

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

TITLE ☐ Delete
NAME T
STREET ADDRESS MPRRIS, PAULETTE
CITY-STATE-ZIP 1313 FRIZZELL LN
PORT CHARLOTTE FL 33948

TITLE ☐ Delete
NAME T
STREET ADDRESS HINES, PAULETTE
CITY-STATE-ZIP 230 37TH STREET SOUTH
SAINT PETERSBURG FL 33711

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 000000644410
STREET ADDRESS 03/02/07-80041-005 61.25
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Joan Miller* **JOAN MILLER** 2/1/07 (727) 867-8017