

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90018 037 \*\*\*\*61.25

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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. 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 constituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

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 **CHAMBERS, PAULETTE**  
STREET ADDRESS **1175 PINELLAS POINTE DR. S. Apt 21**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33705**

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 MPERRIS, PAULETTE ☐ Delete  
STREET ADDRESS 1313 FRIZZELL LN  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

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

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 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*

2/28/08