## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004849

FILED Jan 16, 2009 Secretary of State

Entity Name: TRIUMPHANT CHURCH OF THE FIRST BORN INC

**Current Principal Place of Business: New Principal Place of Business:** 3623-4TH AVENUE SOUTH ST. PETERSBURG, FL 33711 **Current Mailing Address: New Mailing Address:** 3623-4TH AVENUE SOUTH ST. PETERSBURG, FL 33711 FEI Number: 59-3600941 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREEN, ELDER WILLIAM 3623-4TH AVENUE SOUTH US ST. PETERSBURG, FL 33711 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GREEN, WILLIAM Name: Name: 3623 4TH AVE. S. Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip: Title: VS Title: () Delete () Change () Addition MILLER, IOAN Name: Name: Address: 700 JASMINE WAY S. Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: Title: () Delete Title: () Change () Addition SALMON, RUBY Name: Name: Address: 1654 61ST AVE. S. Address: City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CHAMBERS, PAULETTE Name: Name: Address: 1175 PINELLAS POINTE DR S APT 21 Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: Title: () Delete Title: () Change () Addition MPRRIS, PAULETTE Name: Name: 1313 FRIZZELL LN Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: Title: () Delete Title: () Change () Addition HINES, PAULETTE Name: Name: Address: 230 37TH STREET SOUTH Address: SAINT PETERSBURG, FL 33711 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN MILLER VP 01/16/2009