

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90324 016 \*\*\*\*61.25

DOCUMENT # **N99000004849**

1. Entity Name

**TRIUMPHANT CHURCH OF  
THE FIRST BORN INC.**



**DO NOT WRITE IN THIS SPACE**

90114534

2. Principal Place of Business

**3623-4th Ave So. St. Pete 33711**

Suite, Apt. #, etc.

3. Mailing Address

**3623-4th Ave. South**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**St. Petersburg Florida**

City & State  
**St. Petersburg, FL**

4. FEI Number  
**593600941**

Applied For

Not Applicable

Zip  
**33711-1705**

Country  
**USA**

Zip  
**33711-1705**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name  
**GREEN, ELDER WILLIAM**

Street Address (P.O. Box Number is Not Acceptable)  
**3623-4th AVENUE SOUTH**

City  
**St. Petersburg** **FL** Zip Code  
**33711**

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IN THIS SPACE**

8. The above named entry 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

**FEE IS \$61.25  
Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P. GREEN, ELDER WILLIAM  
3623-4th Ave. South  
St. Petersburg, FL 33711**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/S MILLER JOAN  
700 JASMINE WAY SOUTH  
St. Pete. FL 33705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T. Salmon, Ruby  
1634 61st Ave. So.  
St. Pete FL 33712**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T. CLARKE, Rubertha  
4430 FAIRFIELD Ave. So.  
St. Pete. FL 33711**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T. MORRIS, PauLette  
1313 FRIZZELL Lane  
N.W. Port CHARLOTTE FL 33948**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T. LAMEY, Hopefon  
348 KING FISH DR. SE  
St. Pete. FL 33705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William Green** William GREEN

4-24-03 727 321 5051

CR2E037B (12/02)