

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003024

**FILED**  
**Mar 16, 2016**  
**Secretary of State**  
**CC0099428184**

**Entity Name:** TRIUMPH CHURCH OF GOD, INC.

**Current Principal Place of Business:**

CORNER OF RIVER ROAD AND CARVER AVENUE  
WEWAHITCHKA, FL 32465

**Current Mailing Address:**

P.O. BOX 1343 N/A  
WEWAHITCHKA, FL 32465 US

**FEI Number:** 59-3191613

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JACKSON, JOSEPH  
CORNER OF RIVER ROAD AND CARVER AVENUE  
WEWAHITCHKA, FL 32465 US

*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

**Officer/Director Detail :**

Title D  
Name ROULHAC, JASON  
Address 7508 SHADOW BAY DRIVE  
City-State-Zip: PANAMA CITY FL 32404

Title D  
Name JACKSON, JOSEPH L  
Address P O BOX 1343  
City-State-Zip: WEWAHITCHKA FL 32465

Title D  
Name JACKSON, SYLVIA  
Address PO BOX 1343 N/A  
City-State-Zip: WEWAHITCHKA FL 32465

Title DS  
Name JACKSON, LULA  
Address 7508 SHADOW BAY DRIVE  
City-State-Zip: PANAMA CITY FL 32404

Title D  
Name JACKSON, MATTIE M  
Address 7508 SHADOW BAY DRIVE  
City-State-Zip: PANAMA CITY FL 32404

Title D  
Name JACKSON, ALLEN W  
Address PO BOX 30007  
City-State-Zip: PANAMA CITY FL 32404

Title D  
Name JACKSON, STEVE W  
Address PO BOX 1003  
City-State-Zip: WEWAHITCHKA FL 32465

Title D  
Name JACKSON, SHIRLEY  
Address 7508 SHADOW BAY DRIVE  
City-State-Zip: PANAMA CITY FL 32404

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSEPH JACKSON

**PASTOR**

**03/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name COLVIN, CHRIS D  
Address PO BOX 32  
City-State-Zip: WEWAHITCHKA FL 32465

Title D  
Name MYERS, BARBARA A  
Address PO BOX 520  
City-State-Zip: WEWAHITCHKA FL 32465