

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006291

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** TRILIVE COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

236 LEXINGDALE DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

236 LEXINGDALE DRIVE  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 04-3662250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, WILEY C  
236 LEXINGDALE DRIVE  
ORLANDO, FL 32828 US

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

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:**

**Title:** PD  
**Name:** WRIGHT, WILEY C  
**Address:** 236 LEXINGDALE DRIVE  
**City-St-Zip:** ORLANDO, FL 32828

**Title:** VD  
**Name:** MOSS, SAMANTHA  
**Address:** 12861 WATERHAVEN CIRCLE  
**City-St-Zip:** ORLANDO, FL 32828

**Title:** VP  
**Name:** WRIGHT, ANTENITA  
**Address:** 236 LEXINGDALE DRIVE  
**City-St-Zip:** ORLANDO, FL 32828

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:** WILEY C. WRIGHT

PD

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date