2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N05000003341

Entity Name: TRIUMPHANT LIFE CHURCH, INC.

Current Principal Place of Business:

5771 WALNUT CREEK DR
FORT WORTH, TX 76137

New Principal Place of Business:

Current Mailing Address:

5771 WALNUT CREEK DR
FORT WORTH, TX 76137

New Mailing Address:

FEI Number: 20-2641854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYTTLE, RICHARD
15777 BOLESTA RD., UNIT 9
CLEARWATER, FL 33760 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: D ( ) Delete
Name: HERRING, HAROLD
Address: 5790 WALNUT CREEK DR.
City-St-Zip: FT. WORTH, TX 76137

Title: D ( ) Delete
Name: LYTTLE, RICHARD
Address: 15777 BOLESTA RD., UNIT 9
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete
Name: HERRING, BEV C
Address: 5790 WALNUT CREEK DR
City-St-Zip: FORT WORTH, TX 76137P

Title: D ( ) Delete
Name: REDMON, DAVID
Address: 8109 BENTBROOK PLACE
City-St-Zip: PEWEE VALLEY, KY 400569181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: HAROLD HERRING PRES 01/16/2009

Electronic Signature of Signing Officer or Director Date