

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001751 (6)**

1. Corporation Name
TRIUMPHANT LIVING, INC.



Principal Place of Business: **236 LEXINGDALE DR ORLANDO FL 32828**
Mailing Address: **236 LEXINGDALE DR ORLANDO FL 32828**

3. Date Incorporated or Qualified: **04/08/1994**
3a. Date of Last Report: **02/09/1995**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt #, etc.		Suite, Apt #, etc.		59-3240875	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WRIGHT, WILEY C 236 LEXINGDALE DR ORLANDO FL 32828				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, WILEY C	12 NAME	
STREET ADDRESS	236 LEXINGDALE DR	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	14 CITY-ST-ZIP	
TITLE	DA <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ANTENITA	22 NAME	
STREET ADDRESS	236 LEXINGDALE DR	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLES, BOBBY	32 NAME	
STREET ADDRESS	2118 RAVENALL AVE	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	34 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLES, PATRICIA	42 NAME	
STREET ADDRESS	2118 RAVENALL AVE	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	44 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, JOHNNY	52 NAME	
STREET ADDRESS	7306 WHITEWATER DR	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	54 CITY-ST-ZIP	
TITLE	DE <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, TAMMY	62 NAME	
STREET ADDRESS	7306 WHITEWATER DR	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 2/7/96 (407) 273-9257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)