

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001751

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: TRIUMPHANT LIVING, INC.

**Current Principal Place of Business:**

532 S. ECON CIRCLE  
SUITE 100  
OVIDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

236 LEXINGDALE DR  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 59-3240875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WRIGHT, WILEY C  
236 LEXINGDALE DR  
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 DR  
City-St-Zip: ORLANDO, FL 32828

Title: CO  
Name: WRIGHT, ANTENITA  
Address: 236 LEXINGDALE DR  
City-St-Zip: ORLANDO, FL 32828

Title: D  
Name: DAWSON, JOHNNY  
Address: 2424 PRARIE VIEW DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: DE  
Name: DAWSON, TAMMY  
Address: 2424 PRARIE VIEW DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MD  
Name: MOSS, SAMANTHA  
Address: 12861 WATERHEAVEN CIR  
City-St-Zip: ORLANDO, FL 32828

Title: FO  
Name: HILL, ANTWANE  
Address: 1917 STONE ABBEY BLVD  
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

04/30/2012

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

\_\_\_\_\_  
Date