

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

DOCUMENT# N94000001751

**Entity Name:** TRIUMPHANT LIVING, INC.

**Current Principal Place of Business:**

532 S. ECON CIRCLE  
SUITE 100  
OVIEDO, FL 32765

**FILED**  
**Mar 30, 2016**  
**Secretary of State**  
**CC7202234952**

**Current Mailing Address:**

236 LEXINGDALE DR  
ORLANDO, FL 32828

**FEI Number: 59-3240875**

**Certificate of Status Desired: No**

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

WRIGHT, WILEY C  
236 LEXINGDALE DR  
ORLANDO, FL 32828 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 PD  
Name WRIGHT, WILEY C  
Address 236 LEXINGDALE DR  
City-State-Zip: ORLANDO FL 32828

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

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

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

Title FO  
Name HILL, ANTWANE  
Address 1917 STONE ABBEY BLVD  
City-State-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 WRIGHT**

**PD**

**03/30/2016**

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

\_\_\_\_\_  
Date