

2014 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**Current Mailing Address:**236 LEXINGDALE DR
ORLANDO, FL 32828**FEI Number:** 59-3240875**Certificate of Status Desired:** Yes**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	MD
Name	MOSS, SAMANTHA
Address	12861 WATERHEAVEN CIR
City-State-Zip:	ORLANDO FL 32828

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

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail_____
Date