

**2019 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**  
**Jul 17, 2019**  
**Secretary of State**  
**4073719707CC**

**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	D
Name	DAWSON, JOHNNY
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

Title	CO
Name	WRIGHT, ANTENITA
Address	236 LEXINGDALE DR
City-State-Zip:	ORLANDO FL 32828
Title	DE
Name	DAWSON, TAMMY
Address	2424 PRARIE VIEW DR
City-State-Zip:	WINTER GARDEN FL 34787

*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**

**07/17/2019**

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

\_\_\_\_\_  
Date