

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A.
Secretary of State

DOCUMENT # N01000006291

1. Entity Name
TRILIVE COMMUNITY DEVELOPMENT, INC.



Principal Place of Business
236 LEXINGDALE DRIVE
ORLANDO, FL 32828

Mailing Address
236 LEXINGDALE DRIVE
ORLANDO, FL 32828



04252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3662250

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, WILEY C
236 LEXINGDALE DRIVE
ORLANDO, FL 32828

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WRIGHT, WILEY C
STREET ADDRESS	236 LEXINGDALE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	VD
NAME	MOSS, SAMANTHA
STREET ADDRESS	12861 WATERHAVEN CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	VD
NAME	WRIGHT, ANTENITA
STREET ADDRESS	236 LEXINGDALE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000747919
05/17/07-80044-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #