

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006291

FILED
Apr 28, 2009
Secretary of State

Entity Name: TRILIVE COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

236 LEXINGDALE DRIVE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

236 LEXINGDALE DRIVE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 04-3662250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, WILEY C
236 LEXINGDALE DRIVE
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 () Delete
Name: WRIGHT, WILEY C
Address: 236 LEXINGDALE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: MOSS, SAMANTHA
Address: 12861 WATERHAVEN CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: VP () Delete
Name: WRIGHT, ANTENITA
Address: 236 LEXINGDALE DRIVE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILEY C. WRIGHT

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date