

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004593

FILED
Mar 22, 2009
Secretary of State

Entity Name: TRIUMPHANT LIVING CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

2363 IAN DRIVE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

2363 IAN DRIVE
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 58-2673100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, DARRIN MR.
2363 IAN DRIVE
TALLAHASSEE, FL 32303 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: P () Delete
Name: WARREN, DARRIN MIN.
Address: 2363 IAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: V () Delete
Name: WARREN, JUANITA P MIN.
Address: 2363 IAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: S () Delete
Name: KNIGHT, MAVIS MS.
Address: 15 S. SLAPPY STREET
City-St-Zip: QUINCY, FL 32351 US

Title: T () Delete
Name: BOUIE, VERONICA W MRS.
Address: 1219 W. LIVE OAK STREET
City-St-Zip: QUINCY, FL 32351 US

Title: D () Delete
Name: HARRISON, DARRELL Q ELDER
Address: P. O. BOX 296
City-St-Zip: ATTAPULGUS, GA 31715 US

Title: D () Delete
Name: WILLIAMS, TONY MIN
Address: 166 PARAMORE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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:

Title: () Change () Addition
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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: DARRIN WARREN

P

03/22/2009

Electronic Signature of Signing Officer or Director

Date