

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004804

FILED
Mar 24, 2009
Secretary of State

Entity Name: TRIUNFANTE MINISTRIES, INC.

Current Principal Place of Business:

5543 PENTAIL CIRCLE
TAMPA, FL 33625

New Principal Place of Business:

14637 NORTH NEBRASKA AVENUE
TAMPA, FL 33613

Current Mailing Address:

5543 PENTAIL CIRCLE
TAMPA, FL 33625

New Mailing Address:

FEI Number: 26-3387356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLOWERS, CYNTHIA J
2527 W CHERRY ST
TAMPA, FL 33607 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: CRESPO, SIDNEY J PR/O/DI
Address: 5543 PENTAIL CIRCLE
City-St-Zip: TAMPA, FL 33625 US

Title: VP () Change (X) Addition
Name: CLARK, MARISOL VP/OFFI
Address: 10314 ZACKARY CIRCLE, SUITE 110
City-St-Zip: RIVERVIEW, FL 33578

Title: OFFI () Change (X) Addition
Name: ROSA, VICKERS OFFICER
Address: 14512 KNOLL RIDGE DRIVE
City-St-Zip: TAMPA, FL 33625

Title: OFFI () Change (X) Addition
Name: SIMMONS, VALDETTE OFFICER
Address: 3303 NORTH LAKEVIEW DRIVE, SUITE 2514
City-St-Zip: TAMPA, FL 33618

Title: O/S () Change (X) Addition
Name: FLOWERS, CYNTHIA SEC/OFF
Address: 2527 WEST CHERRY STREET
City-St-Zip: TAMPA, FL 33607

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: SIDNEY J CRESPO

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date