2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N23682

Entity Name: TRIUMPHANT LIFE FAMILY MINISTRIES, INC.

Current Principal Place of Business:

14633 NORTH NEBRASKA AVE.
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

5238 BON VIVANT DR.
#74
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLLOWAY, BARBARA
5238 BON VIVANT DR #74
TAMPA, FL 33603 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:	HOLLOWAY, CRAIG, S	
Address:	5238 BON VIVANT DR #74	
City-St-Zip:	TAMPA, FL 33603 US	
Title:	VSD	( ) Delete
Name:	HOLLOWAY, BARBARA, J	
Address:	5238 BON VIVANT DR #74	
City-St-Zip:	TAMPA, FL 33603 US	
Title:	D	( ) Delete
Name:	DAVIS, VINSON H	
Address:	1351 LORETTO CIRCLE	
City-St-Zip:	ODESSA, FL 33556 US	
Title:	T	( ) Delete
Name:	WEBB, ANTONIO	
Address:	3202 SUNSET LAKES BLVD.	
City-St-Zip:	LAND O LAKES, FL 34638	
Title:	T	( ) Delete
Name:	SIMMONS, RUSSELL	
Address:	3704 GREENFORD ST	
City-St-Zip:	VALRICO, FL 33594	

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
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: BARBARA HOLLOWAY VSD 04/21/2009
Electronic Signature of Signing Officer or Director — Date