2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23682

FILED May 30, 2012 Secretary of State

Entity Name: TRIUMPHANT LIFE FAMILY MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

14633 NORTH NEBRASKA AVE. TAMPA, FL 336131430 US

Current Mailing Address: New Mailing Address:

5238 BON VIVANT DR. #74

TAMPA, FL 33603 US

FEI Number: 32-0321491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLLOWAY, BARBARA 5238 BON VIVANT DR #74 TAMPA, FL 33603 US

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

 Name:
 HOLLOWAY, CRAIG

 Address:
 5238 BON VIVANT DR #74

 City-St-Zip:
 TAMPA, FL 33603 US

Title: VP

Name: HOLLOWAY, BARBARA G Address: 5238 BON VIVANT DR #74 City-St-Zip: TAMPA, FL 33603 US

Title: S

 Name:
 GORHAM, DEBRA

 Address:
 820 FIG TREE LANE

 City-St-Zip:
 BRANDON, FL 33511 US

Title:

Name: SIMMONS, RUSSELL Address: 3704 GREENFORD ST. City-St-Zip: VALRICO, FL 33594

Title:

 Name:
 NUNN, STEPHEN

 Address:
 4839 EAST 99TH AVENUE

 City-St-Zip:
 TAMPA, FL 33617

Title: [

Name: MARSHALL, WILLIE
Address: 402 HALIFAX BAY CT.
City-St-Zip: APOLLO BEACH, FL 33275

I hereby 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 all other like empowered.

SIGNATURE: CRAIG S. HOLLOWAY PD 05/30/2012