

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36812 (8)

1. Corporation Name

TRIUMPH RECOVERY HOUSE, INC.

Principal Place of Business

Mailing Address

%HENRY LEWIS
3237 KNIGHTSBRIDGE RD.
ORLANDO FL 32818

%HENRY LEWIS
3237 KNIGHTSBRIDGE RD.
ORLANDO FL 32818



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/23/1990

3a. Date of Last Report

08/08/1995

4. FEI Number

59-2999432

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Henry Lewis

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**
ROLLIE, ORRIS O.
STREET ADDRESS **601 ROLLINS ST.**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
PORTER, LEONARD
STREET ADDRESS **5001 S. ORANGE AVE.**
CITY-ST-ZIP **ORLANDO FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
SULLIVAN, BOB L
STREET ADDRESS **1607 PONTIAC CT.**
CITY-ST-ZIP **ORLANDO FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
JONES, MARVIN
STREET ADDRESS **30 N. HUGHEY**
CITY-ST-ZIP **ORLANDO FL**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

TITLE ☒ DELETE

NAME **D**
SULLIVAN, DENIS P
STREET ADDRESS **3955 W. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
ASHBY, LES
STREET ADDRESS **624 LEXINGTON AVE.**
CITY-ST-ZIP **ORLANDO FL**

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
ASHBY, LES
STREET ADDRESS **624 LEXINGTON AVE.**
CITY-ST-ZIP **ORLANDO FL**

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Henry Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (407) 297-5826

Date

Daytime Phone #

CR2E037 (12/95)