

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

1997 NOV -3 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/23/1990

3a. Date of Last Report  
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, HENRY  
3237 KNIGHTSBRIDGE RD.  
ORLANDO FL 32818

81 Name Marjorie Blackman Eljah

82 Street Address (P.O. Box Number is Not Acceptable)  
6918 S. Silver Star Rd

83

84 City Orlando

FL

85 Zip Code 32818

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Henry Lewis  
1.3 STREET ADDRESS 3237 Knightsbridge Rd.  
1.4 CITY-ST-ZIP Orlando, FL 32818

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME 300002337793-7  
2.3 STREET ADDRESS -11/04/97--01068--016  
2.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ELIJAH, MARJORIE  
STREET ADDRESS 6918 SILVER STAR RD  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

10/10/97 6021 387-5826

CR2E037 (4/97)