## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005915

City-St-Zip:

NORTH MIAMI BEACH, FL 33162

ntity Name: TRILIMPHANT LIFE MINISTRIES IN

FILED May 20, 2008 Secretary of State

Entity Nar	me: TRIUMPHANT LIFE MINISTRIES, INC.			
Current P	rincipal Place of Business:	New Princ	New Principal Place of Business:	
221 SW 70 PEMBROK	OTH AVE KE PINES, FL 33023 US			
Current Mailing Address:		New Maili	New Mailing Address:	
221 SW 70 PEMBROK	OTH AVE KE PINES, FL 33023 US			
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not re-	-	e.	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
HENRY, V 221 SW 70 PEMBROM				
	named entity submits this statement for the purpe of Florida.	ose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RF·			
	Electronic Signature of Registered Agent		 Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete HENRY, VINDEL 221 SW 70TH AVE PEMBROKE PINES, FL 33023	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete ASIAMIGBE, MARY ANN 1683 NW 60TH AVENUE, APT C SUNRISE, FL 33313	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ASIAMIGBE, MARY ANN 1683 NW 60TH AVENUE, APT C SUNRISE, FL 33313	
Title: Name: Address: City-St-Zip:	S () Delete MILLER-HENRY, DORETT 14001 NW 10TH AVE MIAMI, FL 33168	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HENRY, LANSLEY 221 SW 70 AVENUE PEMBROKE PINES, FL 33023	
Title: Name: Address: City-St-Zip:	M () Delete MCEWAN, LAUNA 1031 NW 182ND STREET MIAMI, FL 333169	Title: Name: Address: City-St-Zip:	T (X) Change () Addition MCEWAN, LAUNA 1031 NW 182ND STREET MIAMI, FL 333169	
Title: Name: Address:	M () Delete TAYLOR, MERCELLA 2090 NE 168TH STREET, APT 1	Title: Name: Address:	S (X) Change ( ) Addition TAYLOR, MERCELLA 2090 NE 168TH STREET, APT 1	

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.

City-St-Zip: NORTH MIAMI BEACH, FL 33162

SIGNATURE: VINDEL HENRY P 05/20/2008