

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001289

Entity Name: THE ALM TRIUMPH CENTER, INC.**Current Principal Place of Business:**14331 SHERIDAN STREET
SW RANCHES, FL 33330**Current Mailing Address:**14331 SHERIDAN STREET
SW RANCHES, FL 33330**FEI Number:** 45-4443078**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMAS, FRANCISCA A
14331 SW 72 STREET
SW RANCHES, FL 33330 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**Officer/Director Detail :**

Title	P
Name	THOMAS, FRANCISCA A
Address	1528 NW 159 AVE.
City-State-Zip:	PEMBROKE PINES FL 33028

Title	TREA
Name	MARKLEY, DIANA
Address	1341 NW 154 AVE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	OFFICER
Name	JORDAN, SHANNA
Address	2140 SW 99TH WAY
City-State-Zip:	MIRAMAR FL 33025

Title	SEC
Name	MILLAYES, JESSICA
Address	14331 SW 72 STREET
City-State-Zip:	SW RANCHES FL 33330

Title	OFFICER
Name	THOMAS, WENDY
Address	16196 SW 16TH STREET
City-State-Zip:	PEMBROKE PINES FL 33027

Title	OFFICER
Name	GREEN, JAZMIN
Address	14331 SW 72 STREET
City-State-Zip:	PEMBROKE PINES FL 33330

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: FRANCISCA A THOMAS**PRESIDENT****03/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date