

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727736

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 28 AM 8:16

1. Entity Name  
**TRUMPETS OF TRUTH INTERNATIONAL, INC.**

Principal Place of Business  
**6715 W GROVER CLEVELAND BLVD.  
HOMOSASSA SPRINGS, FL 34447**

Mailing Address  
**PO BOX 1147  
HERNANDO FL  
34442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number  
**59-1572536**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYS, CANDACE  
3350 E CROWN DR  
INVERNESS, FL 34453**

Name

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

~~308003328063~~ 4

~~-07/19/00-01070-019~~

City

\*\*\*\*70. FL \*\*\*\*70.00

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR DAVIS, RICHARD 4091 S. HAZETON TERR. HOMOSASSA FL 34446</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT &amp; CEO FEDOR, JACQUELYN 2665 W HAYES ST INVERNESS FL 34453</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT FEDOR, DON 2665 W. HAYES ST INVERNESS FL 34453</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY MAYS, CANDACE 3350 E CROWN DR. INVERNESS FL 34453</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER BURNETTE, MARK 825 N. SAUARY AVE. INVERNESS FL 34453</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR DAVIS, JESSIE 4091 S. HAZETON TERR HOMOSASSA FL 34446</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR BUFFINGTON, DAVID 2300 N. CROFT AVE HERNANDO FL 34442</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Candace Mays*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-00 (352) 726-0704

Date

Daytime Phone #

CR2E037 (9/99)