


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90025 006 ****70.00

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1. Entity Name
TRUMPETS OF TRUTH INTERNATIONAL, INC.



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

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

DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1572536

Applied For
 Not Applicable

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

6. Name and Address

CHANGE OF ADD.
NEW
MAYS, CANDACE
3350 E CROWN DR
INVERNESS, FL 34453

← 307 N. ROOKS AVE
INVERNESS FL
34453

DO NOT WRITE IN THIS SPACE

8. The above named entity submits to the jurisdiction of the State of Florida and agrees to accept the obligations of registered agent, registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Candace Mays* *Candace Mays* *4-4-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEDOR, DON 2665 EAST HAYES STREET INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNETTE, MARK 825 NORTH SAVARY AVENUE INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FEDOR, JACQULEINE 2665 E HAYES ST INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYS, CANDACE PO BOX 213 HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAWTHROP, BARRY PO BOX 1147 HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOIGT, CHRISTINE 2518 E. STEVEN ST INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* *4-4-05* *(352) 726-0704*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CANDACE MAYS