

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727736

FILED
Jun 24, 2009
Secretary of State

Entity Name: TRUMPETS OF TRUTH INTERNATIONAL, INC.

Current Principal Place of Business:

2665 E HAYES ST
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

PO BOX 1147
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 59-1572536 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAYS, CANDACE
307 N ROCKS AVE
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FEDOR, DON
Address: 2665 EAST HAYES STREET
City-St-Zip: INVERNESS, FL 34453

Title: T () Delete
Name: BURNETTE, MARK
Address: 825 NORTH SAVARY AVENUE
City-St-Zip: INVERNESS, FL 34453

Title: PCEO () Delete
Name: FEDOR, JACQULEINE
Address: 2665 E HAYES ST
City-St-Zip: INVERNESS, FL 34453

Title: S () Delete
Name: MAYS, CANDACE
Address: PO BOX 213
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: FAWTHROP, BARRY
Address: PO BOX 1147
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: VOIGT, CHRISTINE
Address: 2518 E. STEVEN ST
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BARRY FAWTHROP

D

06/24/2009

Electronic Signature of Signing Officer or Director

_____ Date