

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727736

FILED  
Feb 03, 2012  
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:**

2665 E HAYES ST  
INVERNESS, FL 34453

**New Mailing Address:**

**FEI Number:** 59-1572536      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**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  
Name: FEDOR, DON  
Address: 2665 EAST HAYES STREET  
City-St-Zip: INVERNESS, FL 34453

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

Title: PCEO  
Name: FEDOR, JACQUELYN  
Address: 2665 E HAYES ST  
City-St-Zip: INVERNESS, FL 34453

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

Title: D  
Name: FAWTHROP, BARRY  
Address: 2665 E. HAYES ST  
City-St-Zip: INVERNESS, FL 34453

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

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: BARRY FAWTHROP

DIR

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date