

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000831

FILED
Apr 21, 2008
Secretary of State

Entity Name: TRUMPET IN ZION FELLOWSHIP, INC.

Current Principal Place of Business:

301 DRUID ST.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2026
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 58-2339788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CURTIS, GLENDA
301 DRUID ST.
JACKSONVILLE, FL 32254 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: V () Delete
Name: MCCOY, JASON
Address: 301 DRUID ST
City-St-Zip: JACKSONVILLE, FL 33254

Title: P () Delete
Name: KINGCANNON, DAVID
Address: 725 LANEY WALKER BLVD.
City-St-Zip: AUGUSTA, GA 30906

Title: DS () Delete
Name: COZART, FAITH
Address: 300 LOWRY ST.
City-St-Zip: HUNTSVILLE, AL 35805

Title: DT () Delete
Name: MCCOY, ARMANDA
Address: 115 ALPINE DRIVE
City-St-Zip: NEW ELLENTON, SC 29809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: COZART, FAITH
Address: 222 NEW HAVEN LANE
City-St-Zip: AIKEN, SC 29803

Title: DT (X) Change () Addition
Name: BUTLER, LORRAINE
Address: 725 LANEY WALKER BLVD
City-St-Zip: AUGUSTA, GA 30901

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: FAITH COZART

DS

04/21/2008

Electronic Signature of Signing Officer or Director

Date