

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08-03-2004 90009 036 ****61.00
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DOCUMENT # N00000005561	
1. Entity Name TRUMPET IN ZION MINISTRIES, INC.	

Principal Place of Business 1962 58TH ST. N. CLEARWATER, FL 33760	Mailing Address 1962 58TH ST. N. CLEARWATER, FL 33760
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FILED

04 AUG 10 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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03182003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3667484	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEHN, BETTY J 1962 58TH ST. N. CLEARWATER, FL 33760

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

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	PD BEHN, BETTY J. 1962 58TH ST. N. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, DANIEL 1530 W. LAUREL ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRAUD, PATRICIA 1111 E. 109TH AVE. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

8/10

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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)(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: *Betty J. Behn* *5/104 727-599-2461*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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