

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-01-2003 910087012****61.00
FILED N00000005561

03 MAY 20 PM 1:28

TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

1962 58TH ST N CLW
Suite, Apt. #, etc.

3. Mailing Address

1962 58TH ST N
Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

CLW FL

4. FEI Number 59-3667484

Applied For

Not Applicable

Zip

33760

Country

Zip

33760

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEHN, BETTY J
1962 58TH ST. N.
CLEARWATER FL 33760

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

Registered Agent signature required when reinstating

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: STEFAN BETH REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-599-2461

CR2E037 (10/02)