2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# N03000010976

Entity Name: TRUMPET OF GOD MINISTRIES, INC.

Current Principal Place of Business:

2594 LITTLE HILL COVE
#100
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 622585
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 11-3711050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIEVES, WILLIAM
2594 LITTLE HILL COVE
#100
OVIEDO, FL 32765 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: PRES ( ) Delete
Name: NIEVES, WILLIAM
Address: 2594 LITTLE HILL COVE #100
City-St-Zip: OVIEDO, FL 32765 US

Title: VP ( ) Delete
Name: NIEVES, MARISA
Address: 2594 LITTLE HILL COVE #100
City-St-Zip: OVIEDO, FL 32765 US

Title: TRES ( ) Delete
Name: NIEVES, MARISA
Address: 2594 LITTLE HILL COVE #100
City-St-Zip: OVIEDO, FL 32765 US

Title: SEC ( ) Delete
Name: NIEVES, MARISA
Address: 2594 LITTLE HILL COVE #100
City-St-Zip: OVIEDO, FL 32765 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM NIEVES PRES 07/12/2004

Electronic Signature of Signing Officer or Director — Date