

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007274

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** HORN OF SALVATION MINISTRIES INC.

**Current Principal Place of Business:**

104 KING STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

757 KING STREET UNIT ONE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

2946 CAPPER ROAD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 26-3097812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURGIN, AARON  
2946 CAPPER ROAD  
JACKSONVILLE, FL 32218 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  
Name: BURGIN, AARON  
Address: 2946 CAPPER ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP  
Name: BURGIN, KIMBERLY  
Address: 2946 CAPPER ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MEM  
Name: SCOTT, THOMASINA  
Address: 6610 RIPPLING WAVE COURT  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TRES  
Name: HAYWOOD, TAMARA NICOLE  
Address: 1732 WEST 44 STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: MEM  
Name: HAYWOOD, TANYA  
Address: 7454 SMYRNA ST.  
City-St-Zip: JACKSONVILLE, FL 32208

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: AARON BURGIN

PRES

04/29/2010

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

\_\_\_\_\_  
Date