

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

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90071 011 \*\*\*\*61.25

DOCUMENT # N96000003059(0)

1. Entity Name

Sound of the Trumpet Ministries Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3441 HODDER DR.

Suite, Apt. #, etc.

3. Mailing Address

3441 HODDER DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLIDAY FL

City & State

HOLIDAY FL

4. FEI Number

59-3392009

Applied For

Not Applicable

Zip

34691

Country

Zip

34691

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

TORRENCE, ALFRED W. JR

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

6645 RIDGE RD.

City

PORT RICHEY

FL

Zip Code

34668

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PSTD</u> <u>KANGAS, ANDREW</u> <u>3441 HODDER DR.</u> <u>HOLIDAY FL 34691</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>TORRENCE, ALFRED W. J.</u> <u>6645 RIDGE RD</u> <u>PORT RICHEY FL 34668</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>THORNTON, RONALD G</u> <u>6645 RIDGE RD.</u> <u>PORT RICHEY FL 34668</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew J. Kangas

Andrew J. Kangas

8/11/03

727/938-2102