

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007274

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

**Current Principal Place of Business:**

2421 WEST BEAVER STREET  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

2946 CAPPER ROAD  
JACKSONVILLE, FL 32218

**FEI Number:** 26-3097812

**Certificate of Status Desired:** No

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

BURGIN, AARON D  
2946 CAPPER ROAD  
JACKSONVILLE, FL 32218 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            BURGIN, AARON D  
Address        2946 CAPPER ROAD  
City-State-Zip: JACKSONVILLE FL 32218

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

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

Title            MEM  
Name            HOFFMAN, JACQUELYN  
Address        7454 SMYRNA ST.  
City-State-Zip: JACKSONVILLE FL 32208

Title            MEMBER  
Name            TUNSILL, JOSHUA  
Address        4915 TENNESSEE ST.  
City-State-Zip: JACKSONVILLE FL 32209

*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**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date