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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002106 (0)

1. Corporation Name

VOICE OF TRUTH TABERNACLE, INC.



Principal Place of Business

Mailing Address

3300 OLEANDER AVENUE
FORT PIERCE FL 34950

3300 OLEANDER AVENUE
FORT PIERCE FL 34982-6536

3. Date incorporated or Qualified
04/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1800 Ave. G
Suite, Apt. #, etc.

26 P.O. Box 103
Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0711512

Not Applicable

22 City & State

27 City & State

23 Fort Pierce, Florida

28 Fort Pierce, Florida

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

25 ST. Lucie

30 34954

ST. Lucie

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGRAM, CLEVELAND REV.
3300 OLEANDER AVENUE
FORT PIERCE FL 34950

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME INGRAM, CLEVELAND REV.
STREET ADDRESS 3300 OLEANDER AVENUE
CITY-ST-ZIP FORT PIERCE FL 34950

1.1 TITLE Change Addition
1.2 NAME D Barber, Gerrit
1.3 STREET ADDRESS 506 Palm Avenue Apt. #A
1.4 CITY-ST-ZIP Fort Pierce, FL 34982

TITLE VP DELETE
NAME INGRAM, BARBARA GAIL
STREET ADDRESS 3300 OLEANDER AVENUE
CITY-ST-ZIP FORT PIERCE FL 34950

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T DELETE
NAME INGRAM, MICHAEL
STREET ADDRESS 2005 S. 28TH STREET
CITY-ST-ZIP FORT PIERCE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME DAVIDSON, OLEASE
STREET ADDRESS 1225 AVENUE K, APT. A
CITY-ST-ZIP FORT PIERCE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME GUTHRIE, ANTHONY
STREET ADDRESS 1225 AVENUE K, APT. B
CITY-ST-ZIP FORT PIERCE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME BROUGHTON, MARY
STREET ADDRESS 425 N. 17TH STREET
CITY-ST-ZIP FORT PIERCE FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. M. ...*

CR2E037 (9/96)