

FILE NOW: FILING FEE IS \$61.25

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**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90077 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999

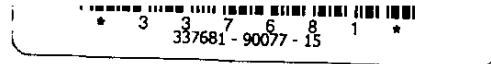


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000002106**

1. Corporation Name  
**VOICE OF TRUTH TABERNACLE, INC.**

Principal Place of Business 1800 AVE G FORT PIERCE FL 34950 US	Mailing Address P O BOX 103 FORT PIERCE FL 34954 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/18/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0711512</b>
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>INGRAM, CLEVELAND RE 2000 VALENCIA AVE FT PIERCE FL 34946</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code <b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, CLEVELAND REV	1.2 NAME	
STREET ADDRESS	2000 VALENCIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34946	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, BARBARA GAIL	2.2 NAME	
STREET ADDRESS	2000 VALENCIA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34946	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, MICHAEL	3.2 NAME	
STREET ADDRESS	2005 S. 26TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, OLEASE	4.2 NAME	
STREET ADDRESS	1225 AVENUE K, APT. A	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, ANTHONY.	5.2 NAME	
STREET ADDRESS	1225 AVENUE K, APT. B	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, GERRIT	6.2 NAME	
STREET ADDRESS	506 PALM AVENUE APT #A	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Rev. Cleveland Ingram* DATE: *4-11-1999* DAYTIME PHONE #: *460-6094*

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