2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N9600002106 VOICE OF TRUTH TABERNACLE, INC.

FILED Apr 30, 2008 08:00 AN Secretary of State

Fee Required

Principal Place of Business

Mailing Address

1800 AVE G

FORT PIERCE, FL 34950

P 0 BOX 103

FORT PIERCE, FL 34954

US



DO NOT WRITE IN THIS SPACE

04232008 No Chg-NP CR2E037 (4/06) Applied For 4. FEI Number Not Applicable 65-0711512 \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

INGRAM, GAIL D 2603 AVENUE Q FORT PIERCE, FL 34947

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, typoid or printed namy of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| | | | | | |
| | Filing Fee is \$61.25 | 9. Election Campaign Financing | _ | \$5.00 May Be | |
| | Due by May 1, 2008 | Trust Fund Contribution. | Ц | Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | P | | | | |
| NAME | INGRAM, GAIL | | | | U00000937903 |
| STREET ADDRESS | 2603 AVENUE Q | | | | 05/27/08-80070-003 61.25 |
| CITY-ST-ZIP | FORT PIERCE, FL 34947 | | | | 03/21/00-00010-003 01.23 |
| TITLE | VP | ···- | | | |
| NAME | INGRAM, MICHAEL | | | | |
| STREET ADDRESS | 2005 SOUTH 26TH STREET | | | | |
| CITY-ST-ZIP | FORT PIERCE, FL 34947 | | | | |
| TITLE | TR | J | | | |
| NAME STREET ADDRESS | INGRAM, JR, CLEVELAND | | | | |
| CITY-ST-ZIP | 3603 AVENUE L | | | DO | NOT WRITE |
| TITLE | FORT PIERCE, FL 34947 | | | | |
| NAME | T DAVIDSON, OLEASE | | | IN T | THIS SPACE |
| STREET ADDRESS | 2314 JO HAYWOOD DR. | | | | |
| CITY-ST-ZIP | FORT PIERCE, FL 34946 | | | | |
| TITLE | D | | | | |
| NAME | GUTHRIE, DOROTHY | | | | |
| STREET ADDRESS | 3603 AVE. L | | | | |
| CITY+ST-ZIP | FORT PIERCE, FL 34947 | | | | |
| TITLE | The state of the s | · · · · · · · · · · · · · · · · · · · | | | |
| NAME | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

NATIOE.

STREET ADDRESS CITY-ST-ZIP

4/20/08

man