

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002106

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** VOICE OF TRUTH TABERNACLE, INC.

**Current Principal Place of Business:**

1800 AVE G  
FORT PIERCE, FL 34950 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 103  
FORT PIERCE, FL 34954 US

**New Mailing Address:**

**FEI Number:** 65-0711512      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: INGRAM, GAIL  
Address: 2603 AVENUE Q  
City-St-Zip: FORT PIERCE, FL 34947

Title: VP  
Name: INGRAM, MICHAEL  
Address: 2005 SOUTH 26TH STREET  
City-St-Zip: FORT PIERCE, FL 34947

Title: TR  
Name: INGRAM, JR, CLEVELAND  
Address: 3603 AVENUE L  
City-St-Zip: FORT PIERCE, FL 34947

Title: T  
Name: DAVIDSON, OLEASE  
Address: 2314 JO HAYWOOD DR.  
City-St-Zip: FORT PIERCE, FL 34946

Title: D  
Name: GUTHRIE, DOROTHY  
Address: 3603 AVE. L  
City-St-Zip: FORT PIERCE, FL 34947

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: GAIL INGRAM

P

02/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date