

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90445 050 \*\*\*\*61.25

**DOCUMENT # N96000002106**

1. Entity 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**

**70044001**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0711512**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGRAM, CLEVELAND RE  
2000 VALENCIA AVE  
FT PIERCE FL 34946**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>INGRAM, CLEVELAND REV</b>	
STREET ADDRESS	<b>2000 VALENCIA AVE</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34946</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>INGRAM, BARBARA GAIL</b>	
STREET ADDRESS	<b>2000 VALENCIA AVE</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34946</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>INGRAM, MICHAEL</b>	
STREET ADDRESS	<b>2005 S. 26TH STREET</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIDSON, OLEASE</b>	
STREET ADDRESS	<b>1225 AVENUE K, APT. A</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUTHRIE, ANTHONY</b>	
STREET ADDRESS	<b>1225 AVENUE K, APT. B</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARBER, GERRIT</b>	
STREET ADDRESS	<b>506 PALM AVENUE APT #A</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gail D. Ingram</b>	
STREET ADDRESS	<b>2603 Avenue Q</b>	
CITY-ST-ZIP	<b>Fort Pierce, Fla 34947</b>	

12. 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 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.

SIGNATURE: *Rufus Cleveland Ingram* *Cleveland Ingram 4-16-03 772-460-6894*

CR2E037 (10/02)