

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002106

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

**Current Principal Place of Business:**

1800 AVE G  
FORT PIERCE, FL 34950

**Current Mailing Address:**

P O BOX 103  
FORT PIERCE, FL 34954 US

**FEI Number:** 65-0711512

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

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

Title PRESIDENT  
Name DAVIDSON, OLEASE  
Address 2314  
JO HAYWOOD DRIVE  
City-State-Zip: FORT PIERCE FL 34947

Title TREASURER  
Name INGRAM, GAIL  
Address 2603 AVENUE Q  
City-State-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

**TREASURE**

**03/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date