

**2019 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:** INGRAM GAIL

**TREASURER**

**04/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date