2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763396

FILED Jan 14, 2009 Secretary of State

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Entity Na	me: VOICE OF	F FAITH DELIVERANCE TEM	IPLE, INC			
Current Principal Place of Business:				New Principal Place of Business:		
% THELMA V.H. MITCHELL 102 EAST BROWNLEE STREET STARKE, FL 32091				% THELMA V.H. MITCHELL 719 N W 31ST AVE GAINESVILLE, FL 32609		
Current Mailing Address:				New Mailing Address:		
	A V.H. MITCHE ND PLACE 32601 US	ELL		% THELMA V.H. MITC 2029 SE 2ND PLACE GAINESVILLE, FL 326		
FEI Number	: 59-2219461	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:		Name and Address o	f New Registered Agent:	
MITCHELL, THELMA V.H. 102 EAST BROWNLEE STREET STARKE, FL 32091 US				MITCHELL, THELMA V.H. 719 NW 31ST AVE GAINESVILLE, FL 32609 US		
	e named entity s e of Florida.	submits this statement for the	purpose o	of changing its registered	d office or registered agent, or both,	
SIGNATURE:					01/14/2009	
	Electron	ic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MITCHELL, THE 2029 SO EAST GAINESVILLE, I	2ND PLACE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () WOOD, BERNA 4617 SE 1ST PI GAINESVILLE,	L		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () SPENCER, NAT 5646 ELIZABET ORLANDO, FL	TH ROSE SQ		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THELMA MITCHELL PD 01/14/2009