

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763396

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** VOICE OF FAITH DELIVERANCE TEMPLE, INC.

**Current Principal Place of Business:**

% THELMA V.H. MITCHELL  
719 N W 31ST AVE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

% THELMA V.H. MITCHELL  
2029 SE 2ND PLACE  
GAINESVILLE, FL 32641 US

**New Mailing Address:**

**FEI Number:** 59-2219461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MITCHELL, THELMA V.H.  
719 NW 31ST AVE  
GAINESVILLE, FL 32609 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: PD  
Name: MITCHELL, THELMA V H  
Address: 2029 SOUTH EAST 2ND PLACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: VD  
Name: WOOD, BERNARD  
Address: 4617 SE 1ST PL  
City-St-Zip: GAINESVILLE, FL 32641

Title: SD  
Name: SPENCER, NATALIE  
Address: 5646 ELIZABETH ROSE SQ  
City-St-Zip: ORLANDO, FL 32810

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: THELMA MITCHELL

PD

03/04/2012

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

\_\_\_\_\_  
Date