2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# F02000002099

Entity Name: THE VOICE OF THE MARTYRS, INC.

Current Principal Place of Business:

200 SE FRANK PHILLIPS BLVD.
BARTLESVILLE, OK 74003

New Principal Place of Business:

Current Mailing Address:

PO BOX 443
BARTLESVILLE, OK 74005

New Mailing Address:

FEI Number: 73-1395057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILL, DARCIE
7254 COOPER PRAIRIE RD.
KEYSTONE HEIGHTS, FL 32656 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:	MR	( ) Delete
Name:	GUSTAFSON, PAUL	
Address:	200 SE FRANK PHILLIPS BLVD	
City-St-Zip:	BARTLESVILLE, OK 74003	
Title:	MR	( ) Delete
Name:	HOLLAND, THOMAS R	
Address:	200 SE FRANK PHILLIPS BLVD	
City-St-Zip:	BARTLESVILLE, OK 74003	
Title:	MR	( ) Delete
Name:	KNIGHT, MERV	
Address:	200 SE FRANK PHILLIPS BLVD	
City-St-Zip:	BARTLESVILLE, OK 74003	
Title:	MR	( ) Delete
Name:	LITTLE, HARVEY	
Address:	200 SE FRANK PHILLIPS BLVD	
City-St-Zip:	BARTLESVILLE, OK 74003	
Title:	MR	( ) Delete
Name:	WRIGHT, MARSHALL	
Address:	200 SE FRANK PHILLIPS BLVD	
City-St-Zip:	BARTLESVILLE, OK 74003	
Title:	MR	( ) Delete
Name:	SHUMAKER, MARK	
Address:	200 SE FRANK PHILLIPS BLVD	
City-St-Zip:	BARTLESVILLE, OK 74003	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: WOODIE RAINS VP 03/23/2009

Electronic Signature of Signing Officer or Director — Date