

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-24-2008 90049 044 *****70.00
F07000000839

FILED

08 APR -7 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03112008 Chg-NP CR2E037 (12/06)

DOCUMENT # F07000000839		
1. Entity Name BLUEVOICE.ORG CORPORATION		

Principal Place of Business 24 DOLPHIN DR ST AUGUSTINE, FL 32080	Mailing Address 925 LAKEVILLE ST 354 PERALUMA, CA 94952
--	---

2. Principal Place of Business - No P.O. Box # 24 DOLPHIN DR	3. Mailing Address 24 DOLPHIN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST AUGUSTINE, FL	City & State ST AUGUSTINE, FL	4. FEI Number 68-0458549	Applied For Not Applicable
Zip 32080	Country USA	Zip 32080	Country USA

6. Name and Address of Current Registered Agent HARRY JONES, HARRY 24 DOLPHIN DR ST AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP BENJAMIN, SHARON 406 HIGHLAND PLACE ALEXANDRIA, VA 22301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURTIS, LARRY 1508 SERENITY DR NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GREENFIELD, HOWARD 3992 JEFFERSON AVE EMERALD HILLS, CA 94062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ADAMS, DEBORAH 1380 CLEAENTVILLE SPUR RD NEW RICHARD, OH 45157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D WENDY MILLER 600 STETSON ST ORLANDO, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD HALL 2171 LA AMATISTA RD DEL MAR, CA 92014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Wendy Miller 3-20-08
Wendy Miller