

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002850

FILED
Mar 26, 2002 8:00 AM
Secretary of State

Entity Name: "THE VOICE OF TRUTH CHURCH, INC."

Current Principal Place of Business:

1244 SOUTH EAST 17TH DRIVE
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

1244 SOUTH EAST 17TH DRIVE
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 31-1717151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, BERTHA L
1244 SOUTH EAST 17TH DRIVE
GAINESVILLE, FL 32641

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: DIR. () Delete
Name: GRANT, NOEL COMPTRON
Address: 7614 NORTH TREE DRIVE
City-St-Zip: LAKE WORTH, FL 33967 US

Title: DIR. () Delete
Name: LAMBOI, ERIQUE TRUSTEE
Address: 1250 SKIPPER ROAD # 23
City-St-Zip: TAMPA, FL 33613 US

Title: DIR. () Delete
Name: GRANT, FRANCES L DIR.
Address: 7614 NORTH TREE DRIVE
City-St-Zip: LAKE WORTH, FL 33967 US

Title: DR. () Delete
Name: KELLY, BERTHA L PRES.
Address: 1244 SOUTH EAST 17TH. DRIVE
City-St-Zip: GAINESVILLE, FL 32641 US

Title: DIR. () Delete
Name: FLOWERS, JOHNNIE L V PRES.
Address: 145 GOPHER RIDGE ROAD
City-St-Zip: INTERLACHEN, FL US

Title: DIR. () Delete
Name: FLOWERS, LUVENIA SEC.
Address: 145 GOPHER RIDGE ROAD
City-St-Zip: INTERLACHEN, FL 3 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR. (X) Change () Addition
Name: LAMBOI, ERIQUE TRUSTEE
Address: 4664 COPPER LANE
City-St-Zip: PLANT CITY, FL 33584 US

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 for the exemption stated in Section 119.07(3)(i), 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: BERTHA L KELLY

PRES

03/26/2002

Electronic Signature of Signing Officer or Director

_____ Date