


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000002850					
1. Entity Name "THE VOICE OF TRUTH MINISTRIES, INC."					
Principal Place of Business C/O MINISTER CYNTHIA D. LAMBOI 4664 COOPER LANE PLANT CITY, FL 33566			Mailing Address C/O MINISTER CYNTHIA D. LAMBOI 4664 COOPER LANE PLANT CITY, FL 33566		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1717151	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KELLY, BERTHA L 1244 SOUTH EAST 17TH DRIVE GAINESVILLE, FL 32641				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DIR.	GRANT, NOEL COMPTRO 7614 NORTH TREE DRIVE LAKE WORTH, FL 33967	<input type="checkbox"/> Delete	TITLE Director	Edward L. Hines Sr. 1488 KINNARD Street WARD, FLORIDA 32699	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DIR.	LAMBOI, ERIQUE TRUSTEE 4664 COPPER LANE PLANT CITY, FL 33584	<input checked="" type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIR.	GRANT, FRANCES L DIR. 7614 NORTH TREE DRIVE LAKE WORTH, FL 33967	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DR.	KELLY, BERTHA L PRES. 1244 SOUTH EAST 17TH. DRIVE GAINESVILLE, FL 32641	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIR.	FLOWERS, JOHNNIE L V PRES. 145 GOPHER RIDGE ROAD INTERLACHEN, FL	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIR.	FLOWERS, LUVENIA SEC. 145 GOPHER RIDGE ROAD INTERLACHEN, FL 32666	<input type="checkbox"/> Delete	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 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 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.					
SIGNATURE: <i>Bertha L Kelly</i>			6/6/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

FILED
04 JUN -3 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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