2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# N00000002850

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

Current Principal Place of Business:

C/O MINISTER CYNTHIA D. LAMBOI
4664 COOPER LANE
PLANT CITY, FL 33566

New Principal Place of Business:

DR. BERTHA L. KELLY
1244 S.E 17TH. DRIVE
GAINESVILLE, FL 32641

Current Mailing Address:

C/O MINISTER CYNTHIA D. LAMBOI
4664 COOPER LANE
PLANT CITY, FL 33566

New Mailing Address:

C/O DR. BERTHA L. KELLY
1244 S.E.. 17TH. DRIVE
GAINESVILL, FL 32641

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

Title: DIR. ( ) Delete
Name: HINES, EDWARD L SR
Address: 14484 KINNARD STREET
City-St-Zip: WALDO, FL 32699 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 32666 US

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 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: DR. BERTHA L. KELLY PRES 03/09/2005
Electronic Signature of Signing Officer or Director — Date