

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002850

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O DR. BERTHA L. KELLY
1244 S.E.. 17TH. DRIVE
GAINESVILL, 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 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: TD () Delete
Name: APOSTLE, JOHNNIE N
Address: 4664 COPPER LN
City-St-Zip: PLANT CITY, FL 33566 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 32148 US

Title: DIR. () Delete
Name: FLOWERS, LUVENIA SEC.
Address: 145 GOPHER RIDGE ROAD
City-St-Zip: INTERLACHEN, FL 32148 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: FAVORS, JOHNNIE N
Address: 4664 COPPER LN
City-St-Zip: PLANT CITY, FL 33566 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 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: DR. BERTHA L. KELLY

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date