

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004028

FILED
Apr 26, 2008
Secretary of State

Entity Name: VOCES ANGELORUM, INC.

Current Principal Place of Business:

1943 LAWSON ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1943 LAWSON ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3749473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITMER, CHARLES
1943 LAWSON ROAD
TALLAHASSEE, FL 32308 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: PD () Delete
Name: WITMER, CHARLES
Address: 1943 LAWSON ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete
Name: FOURNIER, ELLEN
Address: 3103 AVON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD () Delete
Name: HOWINGTON, M.V.
Address: 1817 SUNSET LANE
City-St-Zip: TALLAHASSEE, FL 32303

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:

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: M.V HOWINGTON

STD

04/26/2008

Electronic Signature of Signing Officer or Director

Date