

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004607

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** VOICE OF HEALING MINISTRIES, INC.

**Current Principal Place of Business:**

8026 FOXDALE DRIVE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

1315-6 LANE AVE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

8026 FOXDALE DRIVE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 34-1994278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LATIMER, MYREON P  
8026 FOXDALE DRIVE  
JACKSONVILLE, FL 32210 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: LATIMER, MYREON P  
Address: 8026 FOXDALE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD ( ) Delete  
Name: LATIMER, KENDRA A  
Address: 8026 FOXDALE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DT ( ) Delete  
Name: LATIMER, SHANNON  
Address: 2240 BARRY DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete  
Name: COOPER, ERIC  
Address: 7225 CRANE AVE E-37  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: T ( ) Change (X) Addition  
Name: BARTLEY, SEBRENA L  
Address: 1439 BLUES CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

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: KENDRA A LATIMER

VD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date