

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2010
Secretary of State

Entity Name: VOICE OF HEALING MINISTRIES, INC.

Current Principal Place of Business:

1315-6 LANE AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

1400 CASSAT AVENUE
JACKSONVILLE, FL 32205

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

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

Title: DT
Name: LATIMER, SHANNON
Address: 8027 FOXDALE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: T
Name: BARTLEY, SEBRENA L
Address: 1439 BLUES CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

I hereby 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 all other like empowered.

SIGNATURE: KENDRA LATIMER

VD

01/06/2010

Electronic Signature of Signing Officer or Director

Date