

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004607

FILED  
Jan 27, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1400 CASSAT AVENUE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**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, JESSICA  
Address: 3043 PLUM STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D  
Name: HOOPER, 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:** MYREON P LATIMER

PD

01/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date