

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90297 042 \*\*\*\*61.25

DOCUMENT # N04000005271

1. Entity Name

VOICE IN THE WILDERNESS, INC.



**DO NOT WRITE IN THIS SPACE**

**50043209**

2. Principal Place of Business  
4018 Cork Road

Suite, Apt. #, etc.

3. Mailing Address  
same

Suite, Apt. #, etc.

City & State  
Plant City, Florida

City & State

Zip  
33565

Country  
United States

Zip

Country

4. FEI Number  
34-1997150

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City Miami

FL

Zip Code  
33145

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D Roger Pope 4018 Cork Road Plant City, Florida 33565			
D Timothy Rankins 4018 Cork Road Plant City, Florida 33565			
D Howard A. Sands 4018 Cork Road Plant City, Florida 33565			<b>DO NOT WRITE IN THIS SPACE</b>
PT Mark R. Coryell 4018 Cork Road Plant City, Florida 33565			
VS Donna V. Coryell 4018 Cork Road Plant City, Florida 33565			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Manuel...*