

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000008236

1. Entity Name

VOICES OF RESTORATION MINISTRIES, INC.



**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

Mailing Address

6569 GENEVA STREET  
LAKE WORTH FL 33467

6569 GENEVA STREET  
LAKE WORTH FL 33467



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

90-0151479

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARR, HOWARD JR  
6569 GENEVA STREET  
LAKE WORTH FL 33467

Name

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

City

**FL**

Zip Code

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

*Howard Barr Jr* HOWARD BARR, JR

2/11/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

T ☐ Delete  
NAME: CARTWRIGHT, DERALD M  
STREET ADDRESS: 74 LAKE ARBOR DR  
CITY-STATE-ZIP: PALM SPRINGS FL 33461

P ☐ Delete  
NAME: BARR, HOWARD JR  
STREET ADDRESS: 6569 GENEVA STREET  
CITY-STATE-ZIP: LAKE WORTH FL 33467

S ☐ Delete  
NAME: BARR, JOYCE  
STREET ADDRESS: 6569 GENEVA STREET  
CITY-STATE-ZIP: LAKE WORTH FL 33467

S ☐ Delete  
NAME: WALLACE, TAMARA  
STREET ADDRESS: 6569 GENEVA STREET  
CITY-STATE-ZIP: LAKE WORTH FL 33467

☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: U000000636324  
CITY-STATE-ZIP: 02/26/07-80012-010 61.25

☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Howard Barr Jr*

HOWARD BARR, JR. 2/11/07 561-254-4591