## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010961

FILED Apr 07, 2009 Secretary of State

Entity Name: VOICE OF TRIUMPH CHRISTIAN CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

731 N. U.S. #1

PORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

733 N. U.S. #1

FORT PIERCE, FL 34950

FEI Number: 20-1970308 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LUCKEY, MARCY M
651 SE PRINEVILLE STREET

132 NW RIVERSIDE DRIVE

651 SE PRINEVILLE STREET 732 NW RIVERSIDE DRIVE PT. ST. LUCIE, FL 34983 US PT. ST. LUCIE, FL 34983 US

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: 04/07/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 LUCKEY, TROY D REV
 Name:
 LUCKEY, TROY D REV

 Address:
 651 SE PRINEVILLE ST
 Address:
 732 NW RIVERSIDE DR

 City-St-Zip:
 PORT ST. LUCIE, FL 34983
 City-St-Zip:
 PORT ST. LUCIE, FL 34983

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DENTSON, BLOSSOM
 Name:

 Address:
 103 ESSEX DRIVE
 Address:

 City-St-Zip:
 FORT PIERCE, FL 34946
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ROUNDTREE, SR., WILLIE A
 Name:

 Address:
 1710 N 43RD STREET
 Address:

 City-St-Zip:
 FORT PIERCE, FL 34947
 City-St-Zip:

Title: S ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 LUCKEY, MARCY M
 Name:
 LUCKEY, MARCY M

 Address:
 651 SE PRINEVILLE STREET
 Address:
 732 NW RIVERSIDE DR

 City-St-Zip:
 PT. ST. LUCIE, FL 34983
 City-St-Zip:
 PT. ST. LUCIE, FL 34983

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: TROY D LUCKEY PRES 04/07/2009