

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90266 017 ****70.00

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1. Entity Name

VOICE OF CALVARY MINISTRY, INC.



Principal Place of Business

43830 SR 19
ALTOONA FL 32702

Mailing Address

PO BOX 1433
ALTOONA FL 32702



2. Principal Place of Business

SAME
Suite, Apt. #, etc.
ALTOONA, FLA.

3. Mailing Address

PO Box 1433 ALTOONA, FLA.
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

32702 LAKE County

City & State

Zip Country

4. FEI Number

47-0949834

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, WILLIE
160 COUNTRY CLUB CIRCLE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name *SAME*

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 *SAME*

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, 2006

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 P ☐ Delete
NAME MILLER, WILLIE
STREET ADDRESS 160 COUNTRY CLUB CIRCLE
CITY-ST-ZIP SANFORD FL 32771

TITLE D ☐ Delete
NAME ROBERTS, SUE
STREET ADDRESS 400 N ORANGE AVE
CITY-ST-ZIP UMATILLA FL 32784

TITLE D ☐ Delete
NAME HOLLOWAY, EVELYN
STREET ADDRESS 30919 SE 95TH PLACE
CITY-ST-ZIP ALTOONA FL 32702

TITLE D ☐ Delete
NAME HOLT, BETTY
STREET ADDRESS 44349 SR 19
CITY-ST-ZIP ALTOONA FL 32702

TITLE D ☐ Delete
NAME BUSH, RUSSELL
STREET ADDRESS 40600 LOUISE RD
CITY-ST-ZIP UMATILLA FL 32784

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-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: *Rev. Willie Miller*

3/14/06 407-221-0385