

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90033 042 ****61.25

DOCUMENT # N05000000617

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 - No P.O. Box #

43830 SR 19

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1433

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

ALTOONA FL

Zip

32702

Country

LAKE

City & State

ALTOONA FL

Zip

32702

Country

LAKE

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 Rev. Willie Miller
Street Address (P.O. Box Number is Not Acceptable)
160 Country Club Cir.
City SANFORD FL Zip Code 32771

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

Rev. Willie Miller

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

(NOTE: Registered Agent signature required when reinstating)

1/27/08

DATE

FILE NOW - FEE IS \$61.25

Due By May 1, 2008

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	<input type="checkbox"/> Delete
NAME	MILLER, WILLIE	
STREET ADDRESS	160 COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, SUE	
STREET ADDRESS	400 N ORANGE AVE	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOWAY, EVELYN	
STREET ADDRESS	30919 SE 95TH PLACE	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, BETTY	
STREET ADDRESS	44349 SR 19	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, RUSSELL	
STREET ADDRESS	40600 LOUISE RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/27/08