

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000617

FILED
Jun 05, 2009
Secretary of State

Entity Name: VOICE OF CALVARY MINISTRY, INC.

Current Principal Place of Business:

43830 SR 19
ALTOONA, FL 32702

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1433
ALTOONA, FL 32702

New Mailing Address:

FEI Number: 47-0949834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, WILLIE
160 COUNTY CLUB CR
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

HOLT, BETTY
44349 SR19
ALTOONA, FL 32702 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: BETTY HOLT

06/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, WILLIE
Address: 160 COUNTRY CLUB CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: ROBERTS, SUE
Address: 400 N ORANGE AVE
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: HOLLOWAY, EVELYN
Address: 30919 SE 95TH PLACE
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: HOLT, BETTY
Address: 44349 SR 19
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: BUSH, RUSSELL
Address: 40600 LOUISE RD
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOLT, BETTY
Address: 44349 SR 19
City-St-Zip: ALTOONA, FL 32702

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARTER, MARIE
Address: 11447 S EM EN EL GROVE RD
City-St-Zip: LEESBURG, FL 34788

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: BETTY HOLT

P

06/05/2009

Electronic Signature of Signing Officer or Director

Date