

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005542

FILED  
Jan 25, 2008  
Secretary of State

Entity Name: VOICE COALITION, INC.

## Current Principal Place of Business:

4160 WOODCOCK DR  
2D FLOOR  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

4160 WOODCOCK DR  
2D FLOOR  
JACKSONVILLE, FL 32207

## New Mailing Address:

FEI Number: 20-2938491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAIL, PATRICIA  
5709 ST ISABEL DR  
JACKSONVILLE, FL 32277 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DUNN, DEBBIE  
Address: 4160 WOODCOCK DR 2D FL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: VAIL, PATRICIA  
Address: 5709 ST ISABEL DR  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: ARMSTRONG, NANCY  
Address: 4160 WOODCOCK DR 2D FL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: P ( ) Delete  
Name: CLARK, BETSY  
Address: 4160 WOODCOCK DR 2D FL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V ( ) Delete  
Name: PRATT-HARMON, SHERRI  
Address: 4160 WOODCOCK DR 2D FL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: T ( ) Delete  
Name: LOGAN, FISKE  
Address: 4160 WOODCOCK DR  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PATRICIA VAIL

D

01/25/2008

Electronic Signature of Signing Officer or Director

Date