2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005542

Entity Name: VOICE COALITION, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4160 WOODCOCK DR 2D FLOOR JACKSONVILLE, FL 32207				4603 BIRKENHEAD ROAD JACKSONVILLE, FL 32210			
Current Mailing Address:				New Mailing Address:			
4160 WOODCOCK DR 2D FLOOR JACKSONVILLE, FL 32207				4603 BIRKENHEAD ROAD JACKSONVILLE, FL 32210			
FEI Number:	20-2938491	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of	Status Desired ()
Name and	Address of 0	Current Registered Agent:		Name and	Address of N	lew Registe	red Agent:
VAIL, PATRICIA 5709 ST ISABEL DR JACKSONVILLE, FL 32277 US				CLARK, BETSY 4603 BIRKENHEAD ROAD JACKSONVILLE, FL 32210 US			
The above in the State	named entity of Florida.	submits this statement for the	purpose o	f changing it	s registered o	ffice or regis	tered agent, or both,
SIGNATURE: BETSY R. CLARK				04/14/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICE	RS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D (DUNN, DEBBIE 4160 WOODC JACKSONVILL	OCK DR 2D FL		Title: () Change () Addition Name: Address: City-St-Zip:			ddition
Title: Name: Address: City-St-Zip:	D (VAIL, PATRICI, 5709 ST ISABE JACKSONVILL	EL DR		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (ARMSTRONG, 4160 WOODC JACKSONVILL	OCK DR 2D FL		Title: Name: Address: City-St-Zip:	D (X) Change () Addition ARMSTRONG, NANCY 2123 UNIVERSITY BLVD S JACKSONVILLE, FL 32216		
Title: Name: Address: City-St-Zip:	P (CLARK, BETS' 4160 WOODC JACKSONVILL	OCK DR 2D FL		Title: Name: Address: City-St-Zip:	P (X CLARK, BETSY 4603 BIRKENH JACKSONVILLI	EAD ROAD	ddition
Title: Name: Address: City-St-Zip:	V (PRATT-HARMO 4160 WOODC JACKSONVILL	OCK DR 2D FL		Title: Name: Address: City-St-Zip:	V (X BENNETT, MIC 509 MILLSTON ORANGE PARK	E DR	ddition
Title: Name: Address:	T (LOGAN, FISKE 4160 WOODC			Title: Name: Address:	T (X GRIGSBY, TER 1616 GI ENDAI		ddition

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.

City-St-Zip:

JACKSONVILLE, FL 32216

SIGNATURE: BETSY R. CLARK PRES 04/14/2009

City-St-Zip:

JACKSONVILLE, FL 32207