

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006004

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: VOICE OF THE HEART MINISTRIES, INC.

**Current Principal Place of Business:**

80 WEST CYPRESS RD.  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

1395 VELDA WAY  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

PO BOX 541053  
GREENACRES, FL 33454 US

**New Mailing Address:**

FEI Number: 20-4198188      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEIMER-BYRD, DEBORA  
80 WEST CYPRESS RD.  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

LEIMER-BYRD, DEBORA  
1395 VELDA WAY  
WELLINGTON, FL 33414 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: DEBORA LEIMER-BYRD      04/18/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LEIMER-BYRD, DEBORA  
Address: 80 WEST CYPRESS RD.  
City-St-Zip: LAKE WORTH, FL 33467

Title: V      ( ) Delete  
Name: BYRD, CHARLES D  
Address: 80 WEST CYPRESS RD.  
City-St-Zip: LAKE WORTH, FL 33467

Title: S      ( ) Delete  
Name: STRAUCH, LILA A  
Address: 315 PINE SHADOW WAY  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: LEIMER-BYRD, DEBORA  
Address: 1395 VELDA WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: V      (X) Change ( ) Addition  
Name: BYRD, CHARLES D  
Address: 1395 VELDA WAY  
City-St-Zip: WELLINGTON, FL 33414

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORA LEIMER-BYRD      P      04/18/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date