

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009784

FILED
Apr 29, 2008
Secretary of State

Entity Name: A VOICE IN THE WILDERNESS FOUNDATION, INC

Current Principal Place of Business:

4021 PRINCETON ST
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

4021 PRINCETON ST
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 20-2917191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, RAMONA D
4021 PRINCETON ST
FT MYERS, FL 33901 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: CEO () Delete
Name: MILLER, RAMONA D
Address: 4021 PRINCETON ST
City-St-Zip: FT MYERS, FL 33901

Title: O () Delete
Name: DUNN, DAVID
Address: 4021 PRINCETON STREET
City-St-Zip: FT. MYERS, FL 33901

Title: O (X) Delete
Name: DEPIETRO, VICKY
Address: 2580 1ST STREET
City-St-Zip: FT. MYERS, FL 33901

Title: D (X) Delete
Name: JOHNSON, BEVERLY
Address: 2580 1ST STREET
City-St-Zip: FT. MYERS, FL 33901

Title: O () Delete
Name: PHILLIPS, TONI
Address: 3636 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SHACKLEFORD, TEMEKA
Address: 17840 MURDOCK CIRCLE #203
City-St-Zip: PORT CHARLOTTE, FL 33948

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: O (X) Change () Addition
Name: PHILLIPS, TONI
Address: 4709 CHIQUITA BLVD
City-St-Zip: CAPE CORAL, FL 33914

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: RAMONA D. MILLER

CEO

04/29/2008

Electronic Signature of Signing Officer or Director

Date