## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000007250

HARRIS, LARRY

26106 MOUNTAINVIEW BLVD

BROOKSVILLE, FL 34602

Name:

Address:

City-St-Zip:

FILED Sep 17, 2009 Secretary of State

Entity Name: THE VOICE OF TRUTH OUTREACH INC. **Current Principal Place of Business: New Principal Place of Business:** 26124 MOUNTAINVIEW BLVD BROOKSVILLE, FL 34602 **Current Mailing Address: New Mailing Address:** 26124 MOUNTAINVIEW BLVD PO BOX 895 DADE CITY, FL 33526 BROOKSVILLE, FL 34602 FEI Number: 77-0663878 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: Name and Address of New Registered Agent: HARRIS, ANGELA 26124 MOUNTAINVIEW BLVD BROOKSVILLE, FL 34602 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: ANGELA HARRIS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARRIS, ANGELA Name: Name: Address: 26124 MOUNTAINVIEW BLVD Address: City-St-Zip: BROOKSVILLE, FL 34602 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HARRIS, MATTHEW Name: Address: 26124 MOUNTAINVIEW BLVD Address: City-St-Zip: BROOKSVILLE, FL 34602 City-St-Zip: Title: () Delete Title: () Change () Addition HARDEE, SANDRA Name: Name: 7981 SIOUX LANE Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: ( ) Delete Title: () Change () Addition FINOCCHI, JEROME J Name: Name: 9624 U.S. HWY 301 Address: Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANGELA HARRIS P 09/17/2009