

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012077

FILED
Oct 06, 2008
Secretary of State

Entity Name: VOICE OF CHANGE, INC.

Current Principal Place of Business:

324 NW 16TH PL.
POMPANO BCH, FL 33060

New Principal Place of Business:

2651 NW 5TH ST
POMPANO BCH, FL 33069

Current Mailing Address:

324 NW 16TH PL.
POMPANO BCH, FL 33060

New Mailing Address:

2651 NW 5TH ST.
POMPANO BCH, FL 33069

FEI Number: 11-3796123 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:

ZANDERS, JOHNNY L SR.
324 N.W. 16TH PL.
POMPANO BCH, FL 33060 US

Name and Address of New Registered Agent:

JONES, JOHNNY SR.
2651 NW 5TH ST.
POMPANO BCH, FL 33069 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: JOHNNY JONES

10/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, JOHNNY SR.
Address: 2651 NW 5TH ST.
City-St-Zip: POMPANO BCH, FL 33069

Title: VD () Delete
Name: RAINER, WILLIE
Address: 124 NW 5TH PL.
City-St-Zip: POMPANO BCH, FL 33060

Title: VD () Delete
Name: CLARK, WALTER JR.
Address: 2451 NW 12TH CT.
City-St-Zip: POMPANO BCH, FL 33069

Title: S () Delete
Name: SWORN, CORRIS
Address: 1031 SALMON ISLE
City-St-Zip: W. PALM BCH, FL 33413

Title: T () Delete
Name: ADAMS, MOSES
Address: 5398 HOLIDAY PL.
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: ZANDERS, JOHNNY SR.
Address: 324 W. 16TH PL.
City-St-Zip: POMPANO BCH, FL 33060

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: JOHNNY JONES

PD

10/06/2008

Electronic Signature of Signing Officer or Director

Date