

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012077

FILED
Apr 30, 2009
Secretary of State

Entity Name: VOICE OF CHANGE, INC.

Current Principal Place of Business:

2651 NW 5TH ST
POMPANO BCH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2651 NW 5TH ST.
POMPANO BCH, FL 33069

New Mailing Address:

FEI Number: 11-3796123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JOHNNY SR.
2651 NW 5TH ST.
POMPANO BCH, FL 33069 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: PD () Delete
Name: JONES, JOHNNY SR.
Address: 2651 NW 5TH ST.
City-St-Zip: POMPAN0 BCH, FL 33069

Title: VD () Delete
Name: RAINER, WILLIE
Address: 124 NW 5TH PL.
City-St-Zip: POMPAN0 BCH, FL 33060

Title: VD () Delete
Name: CLARK, WALTER JR.
Address: 2451 NW 12TH CT.
City-St-Zip: POMPAN0 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: POMPAN0 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
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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,SR.

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date