¹ 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

			·		04.10.2000	•	70.00	
DOCUMENT # N06000012673 1. Entity Name VOICE OF VICTORY PRAISE FOUNDATION, INC.						90029 016 ****7	70.00	
2716 N. 34TH STREET P.C		Mailing Address P.O. BOX 11894 TAMPA, FL 33680 US	P.O. BOX 11894		30 J	. 22151	141 0) Dr 100 0	
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP	CR2E037 (12/06)		
City & State		City & State	City & State		.7	 	optied For	
Zip	Country	Zip .	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Ro	egistered Agent		
SANDERS, EUGENE JR			Name					
2716 N 34 ⁻ TAMPA, FI	TH STREET : 33605 ;		Street Address (Not Acceptable)		
3,								
**			City			FL Zip Code	е	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or i	registered agent, or both, in	the State of Flo	rida. I am familiar with,	and accept	
•								
SIGNATURE .	Strongham by next or printerly name of registered anexts	and title if applicable /NOTE: B	enistered Agent signature	e required when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Agent signatur	e required when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE ake check payable to		
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Flori	ake check payable t	tate	
. A.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing htribution.	\$5.00 May Be Added to Fees	Flori	ake check payable to	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF CD MOTEN, SYLVESTER 3006 E. 26TH AVENUE	9. Election Camp Trust Fund Cor	aign Financing ntribution. [11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable to Ida Department of St RS AND DIRECTORS IN	tate I 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF CD MOTEN, SYLVESTER 3006 E. 26TH AVENUE TAMPA, FL 33605 CF MCCULLOUGH, SYLVESTER 3415 E HENRY AVENUE	9. Election Camp Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check payable to Ida Department of St RS AND DIRECTORS IN	tate N 10 Addition	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DIF CD MOTEN, SYLVESTER 3006 E. 26TH AVENUE TAMPA, FL 33605 CF MCCULLOUGH, SYLVESTER 3415 E HENRY AVENUE TAMPA, FL 33610 ST MCGILL, ETHEL 3005 DODGE STREET	9. Election Camp Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori	ake check payable to Ida Department of St RS AND DIRECTORS IN Change Change	tate 10 Addition Addition	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DIF CD MOTEN, SYLVESTER 3006 E. 26TH AVENUE TAMPA, FL 33605 CF MCCULLOUGH, SYLVESTER 3415 E HENRY AVENUE TAMPA, FL 33610 ST MCGILL, ETHEL 3005 DODGE STREET TAMPA, FL 33605 T MERIDA, ABDUL 2530 REGAL RIVER ROAD	9. Election Camp Trust Fund Cor RECTORS Delete Delete	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori	ake check payable to Ida Department of St RS AND DIRECTORS IN Change Change	tate 10 Addition Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

4/7/08 813-626-7017