2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# N07000002049

Entity Name: THE V.O.I.C. EXPERIENCE FOUNDATION, INC.

Current Principal Place of Business:

1519 CANOPY OAKS BLVD.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1519 CANOPY OAKS BLVD.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 13-4145412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZOUVES, MARIA
1519 CANOPY OAKS BLVD.
PALM HARBOR, FL 34683 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: PRES
Name: ZOUVES, MARIA
Address: 1519 CANOPY OAKS BLVD.
City-St-Zip: PALM HARBOR, FL 34683

Title: SD
Name: DOBROSKI, BERNARD
Address: 133 ABINGTON AVE
City-St-Zip: KENILWORTH, IL 60043

Title: C
Name: MILNES, SHERRILL
Address: 1519 CANOPY OAKS BLVD.
City-St-Zip: PALM HARBOR, FL 34683

Title: BM
Name: MONAHAN, KATHLEEN
Address: P.O. BOX 214
City-St-Zip: TARPON SPRINGS, FL 346880214

Title: BM
Name: TUCKER, BARRY
Address: 215 EAST 68TH STREET
City-St-Zip: NEW YORK, NY 10021

I hereby 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 all other like empowered.

SIGNATURE: MARIA ZOUVES PRES 01/08/2010

Electronic Signature of Signing Officer or Director Date