## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000002049

FILED Jan 06, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1519 CANOPY OAKS BLVD. PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

1519 CANOPY OAKS BLVD. PALM HARBOR, FL 34683

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZOUVES, MARIA 1519 CANOPY OAKS BLVD. PALM HARBOR, FL 34683 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PRES

Name: ZOUVES, MARIA

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

Title: SECY

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

Title: DIR

 Name:
 MILNES, SHERRILL

 Address:
 1519 CANOPY OAKS BLVD.

 City-St-Zip:
 PALM HARBOR, FL 34683

Title: DIR

Name: MONAHAN, KATHLEEN

Address: P.O. BOX 214

City-St-Zip: TARPON SPRINGS, FL 346880214

Title: DIR

 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 01/06/2012