2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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Entity Name: VOICE OF DELIVERANCE HEALING MINISTRY INC.

Current Principal Place of Business:

1014 LOUISIANNA ST.
WAUCHULA, FL 33873 US

New Principal Place of Business:

112 W. ORANGE STREET
WAUCHULA, FL 33873 US

Current Mailing Address:

1014 LOUISIANNA ST.
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 26-1368339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOODS, BENITA
1755 KELLY DRIVE
ARCADIA, FL 34266 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: P
Name: CAPRON, CLERVENIA
Address: 1014 LOUISIANNA ST.
City-St-Zip: WAUCHULA, FL 33873 US

Title: VP
Name: CAPRON, JEFFERY S SR.
Address: 1014 LOUISIANNA ST.
City-St-Zip: WAUCHULA, FL 33873

Title: SEC.
Name: FREDERIC, DELIVERANCE
Address: 1548
City-St-Zip: LINCOLN STREET, FL 33873 US

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: CLERVENIA CAPRON P 04/29/2011

Electronic Signature of Signing Officer or Director Date