

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005117

FILED  
Sep 17, 2012  
Secretary of State

**Entity Name:** VOI NOU "OUR VOICE" COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

277 OTTER TAIL CT  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

277 OTTER TAIL CT  
OCOEE, FL 34761

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BELL, GUILAINE  
277 OTTER TAIL CT  
OCOEE, FL 34761 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: BELL, GUILAINE  
Address: 277 OTTER TAIL CT  
City-St-Zip: OCOEE, FL 34761

Title: VP  
Name: BELL, TIMON  
Address: 277 OTTER TAIL CT  
City-St-Zip: OCOEE, FL 34761

Title: T  
Name: SMALL, BERYL  
Address: 277 OTTER TAIL CT  
City-St-Zip: OCOEE, FL 34761

Title: S  
Name: MACK, MIRELLE  
Address: 2505 RIVERVIEW PLACE  
City-St-Zip: JONESVILLE, GA 30238

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:** GUILAINE BELL

P

09/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date