

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23789 (3)

1. Corporation Name
VOICE OF ETERNAL DELIVERANCE, INC.



Principal Place of Business: **RT.7, BOX 368B LAKE CITY FL 32055**
Mailing Address: **RT.7, BOX 368B LAKE CITY FL 32055**

3. Date Incorporated or Qualified: **12/08/1987**
3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. State, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29**

4. FEI Number: **NOT APPLICABLE**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HARRY, REV. LORETTA
RT.7, BOX 368B
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
I, _____, President of the above named corporation, am the signatory.
I, _____, Secretary of the above named corporation, am the signatory.

12. OFFICERS AND DIRECTORS		
TITLE	D HARRY, LORETTA	<input type="checkbox"/> DELETE
NAME	RT.7, BOX 368B LAKE CITY FL	
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	D CHAMBERS, JORDAINA	<input type="checkbox"/> DELETE
NAME	RT.2, BOX 77 LAKE BUTLER FL	
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	D MULLERS, RHONDA	<input type="checkbox"/> DELETE
NAME	RT. 2 BOX 77-B LAKE BUTLER FL	
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Loretta Harry* **1/22/96** **904 752-3138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
ELECTRONIC PRINT #

CR2E037 (12/95)