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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N23789 (3)

1. Corporation Name
VOICE OF ETERNAL DELIVERANCE, INC.



Principal Place of Business: RT.7, BOX 3688 LAKE CITY FL 32055
Mailing Address: RT.7, BOX 3688 LAKE CITY FL 32055-8703

3. Date Incorporated or Qualified: 12/08/1987
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields. 4. FEI Number: NOT APPLICABLE. 5. Certificate of Status Desired: \$8.75 Additional Fee Required. 6. Election Campaign Financing: \$5.00 May Be Added to Fees. 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [x].

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRY, REV. LORETTA
RT.7, BOX 3688
LAKE CITY FL 32055

81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table 12: OFFICERS AND DIRECTORS. Includes entries for HARRY, LORETTA; CHAMBERS, JORDAINA; MULLERS, RHONDA.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields 1.1-6.4 for title, name, and address.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 D 1/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000812

CR2E037 (9/96)