

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23789

1. Entity Name

VOICE OF ETERNAL DELIVERANCE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90102 029 ****70.00

Principal Place of Business RT.7. BOX 368B LAKE CITY FL 32055	Mailing Address RT.7. BOX 368B LAKE CITY FL 32055-8703
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business RT 7 BOX 368B	3. Mailing Address RT 7 368 B
Suite, Apt. #, etc.	Suite, Apt. #, etc. LAKE CITY
City & State LAKE CITY Fla	City & State Fla
Zip 32055	Country COLUMBIA

4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARRY, REV. LORETTA
 RT.7, BOX 368B
 LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name: ~~XXXXXXXXXX~~
 Street Address (P.O. Box Number is Not Acceptable): ~~XXXXXXXXXX~~
 City: ~~XXXXXXXXXX~~ FL Zip Code: 32055

8. 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 Rev. Loretta Harry (Same) DATE 1/7/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jordaina Cagle	
STREET ADDRESS	RT 4 BOX 2432	
CITY-ST-ZIP	LAKE BUTLER, Fla. 32054	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHONDA PINKSTON	
STREET ADDRESS	RT 14-14130 LAKE CITY	
CITY-ST-ZIP	Fla. 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Loretta Harry DATE: 1/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR