

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90015 022 \*\*\*\*70.00

**DOCUMENT # N23789**

1. Entity Name

VOICE OF ETERNAL DELIVERANCE, INC.



Principal Place of Business

RT. 7, BOX 2432  
LAKE BUTLER FL 32054

Mailing Address

C/O LORETTA HARRY  
RT. 4 BOX 2432  
LAKE BUTLER FL 32054

2. Principal Place of Business

RT 4 Box 2432  
Suite, Apt. #, etc.

3. Mailing Address

C/O LORETTA HARRY  
RT 4 BOX 2432  
Suite, Apt. #, etc.

City & State

LAKE BUTLER FL

City & State

LAKE BUTLER FL

Zip

32054

Country

Union

Zip

32054

Country

Union

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRY, LORETTA REV  
ROUTE 4 BOX 2432  
LAKE BUTLER FL 32054

7. Name and Address of New Registered Agent

Name

LORETTA - HARRY

Street Address (P.O. Box Number is Not Acceptable)

RT 4 BOX 2432

City

LAKE BUTLER

FL

Zip Code

32054

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Loretta Harry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HARRY, LORETTA  
STREET ADDRESS RT. 4 BOX 2432  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D ☐ Delete  
NAME CHAMBERS, JORDAINA  
STREET ADDRESS RT. 5 BOX 570  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE T ☐ Delete  
NAME PINKSTON, RHONDA  
STREET ADDRESS RT. 29 BOX 2557  
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

pastor Loretta Harry Loretta Harry 2/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-4461015