


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N23789</b><br>1. Entity Name<br><b>VOICE OF ETERNAL DELIVERANCE, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>R4 BOX 2432<br/>LAKE BUTLER FL 32054</b>  |  |   | Mailing Address<br><b>C/O LORETTA HARRY<br/>RT. 4 BOX 2432<br/>LAKE BUTLER FL 32054</b> |  |  |
| 2. Principal Place of Business  |  |   | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.   |  |  |
| City & State  |  |   | City & State  |  |  |
| Zip   |  | Country   |   | Zip  |  |
| Country   |  | Country   |   | 4. FEI Number<br><b>NO-T APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  |   |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARRY, LORETTA REV<br/>ROUTE 4 BOX 2432<br/>LAKE BUTLER FL 32054</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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.<br>SIGNATURE <u><i>Pastor Loretta Harry</i></u> DATE <u>2/19/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |  |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>HARRY, LORETTA</b><br><b>RT. 4 BOX 2432</b><br><b>LAKE BUTLER FL 32054</b>    | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>CHAMBERS, JORDAINA</b><br><b>RT. 5 BOX 570</b><br><b>LAKE BUTLER FL 32054</b> | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>T</b><br><b>PINKSTON, RHONDA</b><br><b>RT. 29 BOX 2557</b><br><b>LAKE CITY FL 32024</b>   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   |   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> <u><i>Pastor Loretta Harry</i></u> <u>2/19/05</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |  |  |



1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For  
Not Applicable

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

City **FL** Zip Code

U00000238371  
02/21/05-80095-021 70.00

Daytime Phone #