

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90068 018 ****61.25



DOCUMENT # N23789
1. Entity Name
VOICE OF ETERNAL DELIVERANCE, INC.

Principal Place of Business
**R4 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
E. Washington Street

3. Mailing Address
2610 E Hwy 90

Suite, Apt. #, etc.
Lake City, FL 32025

Suite, Apt. #, etc.
Lake City, FL

City & State
Lake City, FL

City & State
Lake City, FL

1st MOORE CR2E037 (10/05)

4. FEI Number
NO-T APPLICABLE

Applied For
 Not Applicable

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

Zip
32025

Country
USA

Zip
32025

Country
USA

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
Harry, Loretta Rev.

Street Address (P.O. Box Number is Not Acceptable)
2610 E. Hwy 90

City
Lake City

FL

Zip Code
32025

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 Rev. Loretta Harry DATE 02/06/06
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
Due By May 1, 2006

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	<input type="checkbox"/> Delete
NAME	HARRY, LORETTA	
STREET ADDRESS	RT. 4 BOX 2432	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBERS, JORDAINA	
STREET ADDRESS	RT. 5 BOX570	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	T	<input type="checkbox"/> Delete
NAME	PINKSTON, RHONDA	
STREET ADDRESS	RT. 29 BOX 2557	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE		<input type="checkbox"/> Delete
NAME		
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry, Loretta	
STREET ADDRESS	2610 E. Hwy 90	
CITY-ST-ZIP	Lake City, FL 32025	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bridges, Jordaina	
STREET ADDRESS	8126 SW CR796	
CITY-ST-ZIP	Lake Butler, FL 32054	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stone Rhonda	
STREET ADDRESS	294 S.E. Colburn Ave	
CITY-ST-ZIP	Lake City, FL 32025	
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 exemptions contained in Section 119, 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: Rev. Loretta Harry DATE 2/06/06 386-758-1393