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

Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # N23789 1. Entity Name 02-17-2006 90068 018 ****61.25 VOICE OF ETERNAL DELIVERANCE, INC. Principal Place of Business Mailing Address R4 BOX 2432 LAKE BUTLER FL 32054 C/O LORETTA HARRY RT. 4 BOX 2432 LAKE BUTLER FL 32054 3. Mailing Address 2. Principal Place of Business E. Washington 2610 E Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FE! Number NO-T APPLICABLE Not Applicable Country 3°2025 Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRY, LORETTA REV **ROUTE 4 BOX 2432** LAKE BUTLER FL 32054 City 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. Agent signature required when reinstating Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete Change Addition Harry, Loretta 2610 E. Hwy 90 HARRY, LORETTA NAME NAME RT. 4 BOX 2432 STREET ADDRESS STREET ADDRESS LAKE BUTLER FL 32054 CITY-ST-ZIP CITY-ST-ZIP ake City, FL 32025 TITLE ☐ Delete TITLE Change ☐ Addition Bridges, Jordaina 8126 SW CR796 Lake Butler, FL32054 CHAMBERS, JORDAINA NAME NAME RT. 5 BOX570 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE BUTLER FL 32054 CITY-ST-ZIP TITLE Delete TITLE Change Addition Stone Rhonda 294 S.E. Colburn Ave Lake City, FL 32025 PINKSTON, RHONDA NAME NAME RT. 29 BOX 2557 STREET ADDRESS STREET ADDRESS LAKE CITY FL 32024 CITY-ST-7IP CITY-ST-7IP TITLE Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. 2106 106