

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90906 023 ****70.00

DOCUMENT # *N23789*

1. Entity Name
Voice of Eternal Deliverance, Inc.



80045137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Rt 4 Box 2432

3. Mailing Address
4/6 Loretta Harry

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Butler, FL

City & State
Lake Butler, FL

4. FEI Number

Applied For

Not Applicable

Zip
32054

Country
Union

Zip
32054

Country
Union

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Loretta Harry

Street Address (P.O. Box Number is Not Acceptable)
Route 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* *Loretta Harry*

2/26/03
DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President Loretta Harry Rt 4 Box 2432 Lake Butler, FL 32054</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Jordaina L. Bridges Rt 5 Box 570 Lake Butler, FL 32054</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Rhonda E. Pinkston Rt 29 Box 2557 Lake City, FL 32024</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Loretta Harry* *Loretta Harry* *2/26/03* *(386)496-1919*

CR2E037B (12/02)