


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90066 014 ****61.25

0057335

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # N47982

1. Corporation Name

VOICE TO THE NATIONS, INC.

Principal Place of Business
 904 NORTH NAKOMIS AVENUE
 LAKELAND FL 33815
 US

Mailing Address
 904 NORTH NAKOMIS AVENUE
 LAKELAND FL 33801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/20/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3117604	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 33815 30			

9. Name and Address of Current Registered Agent

STRICKLAND, SHARON ANN
916 N. NAKOMIS AVE.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name	PLAIN, KIMBERLY	
82 Street Address (P.O. Box Number is Not Acceptable)	907 WASENA AVE.	
83		
84 City	FL	85 Zip Code 33815

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Kimberly Plain

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMITZ, BEATRICE JOAN	1.2 NAME	Michie, Alastair
STREET ADDRESS	904 N. NAKOMIS AVE.	1.3 STREET ADDRESS	9030 Damascus Rd.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Yolk City, FL 33868
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMITZ, RICHARD JOSEPH	2.2 NAME	MANSFIELD, STANLEY
STREET ADDRESS	904 N. NAKOMIS AVE.	2.3 STREET ADDRESS	701 N. MOBLEY ST., APT. #7
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, SHARON	3.2 NAME	HUSTED, JANE
STREET ADDRESS	6065 HILLTOP LANE E.	3.3 STREET ADDRESS	5385 KIMBALL RD.
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND, FL 33860
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, SHARON ANN	4.2 NAME	PLAIN, KIMBERLY
STREET ADDRESS	904 N. NAKOMIS AVENUE	4.3 STREET ADDRESS	907 WASENA AVE.
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIVERS, JEFFREY S	5.2 NAME	Hamilton, EVERETT
STREET ADDRESS	201 S. FLORIDA AVENUE	5.3 STREET ADDRESS	1475 WOODLAKE DR., APT. 219
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, TOM	6.2 NAME	HUSTED, KENNETH
STREET ADDRESS	6065 HILLTOP LANE E.	6.3 STREET ADDRESS	5385 KIMBALL RD.
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	LAKELAND, FL 33815

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beatrice Schmitz SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)