


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90026 042 ****61.25

DOCUMENT # N47982	
1. Entity Name VOICE TO THE NATIONS, INC.	

Principal Place of Business 5111 ROANOKE DR. HOLIDAY FL 34690 US	Mailing Address 5111 ROANOKE DR. HOLIDAY FL 34690 US
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2. Principal Place of Business 916 N. NAKOMIS AVE.	3. Mailing Address P.O. BOX 1571
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland, FL	City & State Lakeland, FL
Zip 33815	Country USA
Zip 33802	Country USA



MOORE CR2E037 (11/03)

4. FEI Number 59-3117604	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALKER, LISA 3218 BAHIA AVENUE HOLIDAY FL 34690

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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.

SIGNATURE Lisa S. Walker Lisa S. Walker 1/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	P NORTHINGTON, BEATRICE JOAN 5111 ROANOKE DR. HOLIDAY FL 34690 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHMITZ, RICHARD JOSEPH 904 N. NAKOMIS AVE. LAKELAND FL 33815 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MANSFIELD, KAREN 10 ORSLEY DR. SEFFNER FL 33584 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALKER, LISA 3218 BAHIA AVENUE HOLIDAY FL 34690 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHIVERS, JEFFERY S 4900 SOUTH FORK DR. LAKELAND FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANSFIELD, STANLEY 100 ORSLEY DR. SEFFNER FL 33584 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Northington, Beatrice Joan 916 N. NAKOMIS AVE. Lakeland, FL 33815 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Northington, Alvin E. 916 N. NAKOMIS AVE. Lakeland, FL 33815 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Stratton, Stephen M. 4119 Chowen Drive Lakeland, FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beatrice Joan Northington Beatrice Joan Northington 1-29 863-682-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #