

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90163 009 ****61.25

DOCUMENT # N47982

1. Entity Name

VOICE TO THE NATIONS, INC.



Principal Place of Business

Mailing Address

~~904 NORTH NAKOMIS AVENUE~~ **5111 Roanoke Dr.** ~~904 NORTH NAKOMIS AVENUE~~ **5111 Roanoke Dr.**
~~LAKELAND FL 33015~~ **Holiday, FL 34690** ~~LAKELAND FL 33015~~ **Holiday, FL 34690**
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3117604**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, LISA
3218 BAHIA AVENUE
HOLIDAY FL 34690

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 Walker
Lisa Walker

2/13/03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTHINGTON, ALVIN E SCHMITZ, BEATRICE JOAN 5111 Roanoke Dr. 904 N. NAKOMIS AVE. Holiday, FL 34690 LAKELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMITZ, RICHARD JOSEPH SCHMITZ, RICHARD JOSEPH 904 N. NAKOMIS AVE. 904 N. NAKOMIS AVE. LAKELAND FL 33815 LAKELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANSFIELD, KAREN MANSFIELD, KAREN 701 N MOBLEY ST, APT #7 701 N MOBLEY ST, APT #7 100 Orsley Dr. PLANT CITY FL 33566 Seffner, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, LISA WALKER, LISA 3218 BAHIA AVENUE 3218 BAHIA AVENUE HOLIDAY FL 34690 HOLIDAY FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIVERS, JEFFERY S SHIVERS, JEFFERY S 201 S. FLORIDA AVENUE 201 S. FLORIDA AVENUE 4900 South Fork Dr. LAKELAND FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSFIELD, STANLEY MANSFIELD, STANLEY 701 N MOBLEY ST, APT #7 701 N MOBLEY ST, APT #7 100 Orsley Dr. PLANT CITY FL 33566 Seffner, FL 33584

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTHINGTON, ALVIN E SCHMITZ, BEATRICE JOAN 5111 Roanoke Dr. 904 N. NAKOMIS AVE. Holiday, FL 34690 LAKELAND FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATTON, STEPHEN M. SCHMITZ, RICHARD JOSEPH 4119 Chown Dr. 904 N. NAKOMIS AVE. Lakeland, FL 33810 LAKELAND FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNON, NELLA JO MANSFIELD, KAREN 306 E. 9th St. 701 N MOBLEY ST, APT #7 Lynn Haven, FL 32444 PLANT CITY FL 33566	<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:

BSIGNATURE REQUIRED

2/13/03

727-939-2141

CR2E037 (10/02)