2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49071

FILED Apr 23, 2009 Secretary of State

Entity Name: VOICE OF HOPE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:			iness:	New Principal Pla	New Principal Place of Business:	
2480 HAMI BAY 4	MONDSVILLE F	ROAD				
	BEACH, FL 3	33069	US			
Current M	ailing Address	s:		New Mailing Addr	ess:	
	H TERRACE) BEACH, FL 3	3060	US			
El Number:	65-0352590	FEI Nu	mber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Co	urrent l	Registered Agent:	Name and Addres	s of New Registered Agent:	
	ST ST BEACH, FL 3		US	purpose of changing its register	ered office or registered agent, or both,	
	named entity si of Florida.	ubmits	uns statement for the p	outpose of changing its registe	ered office of registered agent, or both,	
	of Florida.	upmits	uns statement for the p	ourpose of changing its registe	ered office of registered agent, or bottl,	
n the State	e of Florida. ** RE:		uture of Registered Age		Date	
n the State SIGNATUF	e of Florida. ** RE:	ic Signa	·	ent		
n the State SIGNATUF	of Florida. RE: Electroni S AND DIRECT	ic Signa FORS: Delete DN L.	iture of Registered Age	ent	Date	
n the State BIGNATUF DFFICERS Title: Jame: Address: City-St-Zip: Jame: Address:	Electronics AND DIRECT PD ()I JONES, CLINTO 521 NW 7 TER POMPANO BEAG	ic Signa FORS: Delete Delete CH, FL 3 Delete J /ENUE	eture of Registered Age	ent ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTOR	
n the State SIGNATUF DFFICERS Title: Jame: Address:	Electronics AND DIRECT PD ()I JONES, CLINTO 521 NW 7 TER POMPANO BEAG TD ()I LAQUE, WILLIE 5341 NE 9TH AV POMPANO BEAG	ic Signa FORS: Delete N L. CH, FL 3 Delete J /ENUE CH, FL 3 Delete LIE J. VAY	ature of Registered Age	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTOR () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE J. CAMERON TD 04/23/2009