

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004292

1. Corporation Name

VOICE OF GOD MINISTRY, INC.

Principal Place of Business

11330 TIMBERLODGE TERRACE
BOCA RATON FL 33428

Mailing Address

11330 TIMBERLODGE TERRACE
BOCA RATON FL 33428

FILED

99 JAN 11 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/17/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0442054	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WARM, STEVEN
2000 GLADES RD.
SUITE 208
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name	A. Wayne Gill, Esq.	
82 Street Address (P.O. Box Number is Not Acceptable)	2001 West Sample Rd #300	
83		
84 City	FL	85 Zip Code
Empire Beach		33069

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	FD	NAME	LEVINE, JACK A	1.1 TITLE			
STREET ADDRESS	27295 MISTY WOOD WAY			1.2 NAME			
CITY-ST-ZIP	BOCA RATON FL			1.3 STREET ADDRESS			
TITLE	D	NAME	CAMPBELL, DOUG	1.4 CITY-ST-ZIP			
STREET ADDRESS	22751 S W 65TH WAY			2.1 TITLE			
CITY-ST-ZIP	BOCA RATON FL			2.2 NAME			
TITLE	D	NAME	ALAIRI, MARK	2.3 STREET ADDRESS			
STREET ADDRESS	241 N W 15TH STREET			2.4 CITY-ST-ZIP			
CITY-ST-ZIP	BOCA RATON FL			3.1 TITLE			
TITLE		NAME		3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE			
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE			
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE			
TITLE		NAME		6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:

Jack Levine

Director 1/4/99 561-488-3310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0043129

CR2E037 (11/98)