

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004292

FILED
Jan 02, 2008
Secretary of State

Entity Name: VOICE OF GOD MINISTRY, INC.

Current Principal Place of Business:

600 SW THIRD STREET
2217
POMPANO BEACH, FL 33060

New Principal Place of Business:

6574 NORTH STATE ROAD 7
277
COCONUT CREEK, FL 33073

Current Mailing Address:

PO BOX 971501
BOCA RATON, FL 33497

New Mailing Address:

FEI Number: 65-0442054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILL, A. WAYNE ESQ.
200 CONGRESS PARK DRIVE
SUITE 210
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FD () Delete
Name: LEVINE, JACK A
Address: 6574 N. STATE ROAD 7, #277
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR () Delete
Name: GILL, A W
Address: 6701 FINAMORE CIRLCE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR () Delete
Name: MORALES, JIM
Address: 9355 SW 8TH STREET #104
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: GILL, A W
Address: 6701 FINAMORE CIRLCE
City-St-Zip: LAKE WORTH, FL 33467

Title: DIR (X) Change () Addition
Name: HERRING, TRUMAN
Address: 22556 MIDDLETOWN DRIVE
City-St-Zip: BOCA RATON, FL 33428

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: JACK A. LEVINE

FD

01/02/2008

Electronic Signature of Signing Officer or Director

Date