

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006044

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE VOICE OF HOPE IN CHRIST, INC.

Current Principal Place of Business:

3187 CALUSA AVENUE
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3187 CALUSA AVENUE
NAPLES, FL 34112

New Mailing Address:

FEI Number: 65-0546296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILOGENE, VICTOR E
3187 CALUSA AVENUE
NAPLES, FL 34112 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: D () Delete
Name: PHILOGENE, VICTOR E
Address: 3187 CALUSA AVENUE
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: CHERELUS, MONFORT
Address: 4600 LOMBARDY LANE
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: PHILOGENE, MYRLENE
Address: 3187 CALUSA AVE.
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: VICTOR E. PHILOGENE

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date