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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000001080

1. Corporation Name
VOICE OF LIBERTY, INC.

Principal Place of Business
 4037 STATE ROAD 60 EAST
 DOVER FL 33527

Mailing Address
 4037 STATE ROAD 60 EAST
 DOVER FL 33527



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3495338	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		25		29	30

9. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name **STANFORD C. PEACOCK**
 82 Street Address (P.O. Box Number is Not Acceptable) **4037 STATE ROAD 60 EAST**
 83
 84 City **DOVER** FL 85 Zip Code **33527-6144**

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 *Stanford C. Peacock* **STANFORD C. PEACOCK - PRESIDENT** DATE **4/12/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PEACOCK, STANFORD C	1.2 NAME	
STREET ADDRESS	4037 STATE ROAD 60 EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD PEACOCK, MARIE E	2.2 NAME	
STREET ADDRESS	4037 STATE ROAD 60 EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PEACOCK, MICAH C	3.2 NAME	
STREET ADDRESS	4037 STATE ROAD 60 EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Stanford C. Peacock* **STANFORD C. PEACOCK** DATE **4/12/99** Daytime Phone # **813-661-2536**

CR2E037 (11/98)