


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90005 023 ****61.25

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DOCUMENT # N98000005904 1. Entity Name THE VOICE OF DELIVERANCE MINISTRIES, INC.			
Principal Place of Business 2806 OKEECHOBEE ROAD FORT PIERCE, FL 34954		Mailing Address 2806 OKEECHOBEE ROAD FORT PIERCE, FL 34954	
2. Principal Place of Business 3055 US #1 Suite, Apt. #, etc. N/A		3. Mailing Address 1083 Bennett Road Suite, Apt. #, etc. 	
City & State Fort Pierce, FL		City & State Fort Pierce, FL	
Zip 34950		Zip 34947	
Country St. Lucie		Country St. Lucie	
4. FEI Number 65-0881330		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUCKER, MIRIAM 1083 BENNETT ROAD FT. PIERCE, FL 34947		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, MORRIS E 1083 BENNETT ROAD FT. PIERCE, FL 34947	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TUCKER, MIRIAM 1083 BENNETT ROAD FT. PIERCE, FL 34947	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STERN, LEONARD 6199 PETERSON RD FORT PIERCE, FL 34947	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WASHINGTON, GWENDOLYN 2000 NORTH 19TH STREET FORT PIERCE, FL 34946	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GREEN, JANET 1804 OLEANDOR BLVD FORT PIERCE, FL 34947	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6-11-04	
		Daytime Phone # 78-579-9260	