

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90230 024 \*\*\*\*61.25

**DOCUMENT # N98000005904**

1. Entity Name  
**THE VOICE OF DELIVERANCE MINISTRIES, INC.**



Principal Place of Business  
**1083 BENNETT RD  
FORT PIERCE, FL 34947**

Mailing Address  
**1083 BENNETT RD  
FORT PIERCE, FL 34947**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**65-0881330**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUCKER, MIRIAM  
1083 BENNETT ROAD  
FT. PIERCE, FL 34947**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUCKER, MORRIS E	
STREET ADDRESS	1083 BENNETT ROAD	
CITY - ST - ZIP	FT. PIERCE, FL 34947	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TUCKER, MIRIAM	
STREET ADDRESS	1083 BENNETT ROAD	
CITY - ST - ZIP	FT. PIERCE, FL 34947	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, GWENDOLYN	
STREET ADDRESS	2000 NORTH 19TH STREET	
CITY - ST - ZIP	FORT PIERCE, FL 34946	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JANET	
STREET ADDRESS	1804 OLEANDOR BLVD	
CITY - ST - ZIP	FORT PIERCE, FL 34947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nakita Tillman	
STREET ADDRESS	4303 Avenue Q	
CITY - ST - ZIP	Fort Pierce, FL 34947	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn Coleman	
STREET ADDRESS	439 N 9th Street	
CITY - ST - ZIP	Fort Pierce, FL 34954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-29-08

772-429-1949