

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005904

FILED
May 07, 2009
Secretary of State

Entity Name: THE VOICE OF DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

1083 BENNETT RD
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

1083 BENNETT RD
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 65-0881330 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: PD () Delete
Name: TUCKER, MORRIS E
Address: 1083 BENNETT ROAD
City-St-Zip: FT. PIERCE, FL 34947

Title: STD () Delete
Name: TUCKER, MIRIAM
Address: 1083 BENNETT ROAD
City-St-Zip: FT. PIERCE, FL 34947

Title: AS () Delete
Name: TILLMAN, NAKITA
Address: 4303 AVENUE Q.
City-St-Zip: FORT PIERCE, FL 34947

Title: AT () Delete
Name: COLEMAN, KATHRYN
Address: 439 N 9TH STREET
City-St-Zip: FORT PIERCE, FL 34954

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:

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: MIRIAM TUCKER

PA

05/07/2009

Electronic Signature of Signing Officer or Director

Date