FILED
Jun 27, 2003 8:00 am
Secretary of State
05-09-2003 90150 049 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/9/

DOCUMENT # N98000005904

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

Principal Place of Business	Mailing Address
2606 OKEECHOBEE ROAD FORT PIERCE FL 34954	2606 OKEECHOBEE ROAD FORT PIERCE FL 34954

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

FILE NOW: FEE IS $61.25

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			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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TUCKER, MIRIAM 1083 BENNETT ROAD FT. PIERCE FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STERN, LEONARD 6199 PETERSON RD FORT PIERCE FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition

CR2E037 (10/02)

Assistant Secretary
Gwendolyn Washington
Assistant Treasure
Janet Green

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 55049999
#N98000005904

Assistant Secretary
Gwendolyn Washington
2000 North 19th Street
Fort Pierce, Fl 34946

Assistant Treasurer
Janet Green
1804 Oleandor Blvd
Fort Pierce, Fl 34947

Attachment
Doc# N98000005904