FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:57

DOCUMENT # P19956 (2)

1. Corporation Name
THE VOICE OF TRIUMPH, INC.

Principal Place of Business	Mailing Address
~~11474 W. DIXIE SHORES DR.~~ CRYSTAL RIVER FL 34429	~~11474 W. DIXIE SHORES DR.~~ CRYSTAL RIVER FL ~~34429~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1988
3a. Date of Last Report: 02/28/1994
4. FEI Number: 95-2985573 (Applied For / Not Applicable)

2. Principal Place of Business 21: 11435 W. Dixie Shores	2a. Mailing Address 26: P.O. Box 670
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23:	City & State 28:
Zip 24: / Country 25:	Zip 29: 34423 / Country 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEILL, GENE ~~11471 W. DIXIE SHORES DR~~ CRYSTAL RIVER FL ~~32629~~	81 Name: GENE NEILL 82 Street Address (P.O. Box Number is Not Acceptable): 1215 N. EGRET POINT 83: 84 City: CRYSTAL RIVER FL 85 Zip Code: 34429

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	NEILL, GENE	1.2 NAME	
STREET ADDRESS	~~11471 W. DIXIE SHORES DR~~	1.3 STREET ADDRESS	1215 N. EGRET POINT
CITY-ST-ZIP	CRYSTAL RIVER FL ~~32629~~	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☑ Addition
NAME	CONVERSE, WILLIAM	2.2 NAME	
STREET ADDRESS	P O BOX 243 N/A	2.3 STREET ADDRESS	11681 RIVER BEND DRIVE
CITY-ST-ZIP	LEAVENWORTH WA 98826	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☑ Change ☐ Addition
NAME	YOUNG, DENNIS	3.2 NAME	
STREET ADDRESS	~~1025 AUDUBON DRIVE~~	3.3 STREET ADDRESS	473 Birwood East
CITY-ST-ZIP	~~HAVANA FL 32333~~	3.4 CITY-ST-ZIP	Tallahassee, FL 32304
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDFORD, WILLIAM	4.2 NAME	
STREET ADDRESS	2710 OAK LAWN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 1-25-95 904-563-2217
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Dr. Gene Neill, President — Date — Daytime Phone #

0064868