

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90020 048 ****61.25

DOCUMENT # P19956

1. Entity Name

THE VOICE OF TRIUMPH, INC.



Principal Place of Business

573 CASTAGNA LANE
MAYO FL 32066
US

Mailing Address

PO BOX 78
MAYO FL 32066
US

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

95-2985573

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

NEILL, GENE
573 CASTAGNA LANE
MAYO FL 32066

7. Name and Address of New Registered Agent

Name

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

Castagna Lane

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
Due By May 1, 2006

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
NAME NEILL, GENE ☐ Delete
STREET ADDRESS 573 CASTAGNA LANE
CITY-ST-ZIP MAYO FL 32066

TITLE VD
NAME CONVERSE, WILLIAM ☐ Delete
STREET ADDRESS 11681 RIVERBEND DRIVE
CITY-ST-ZIP LEAVENWORTH WA

TITLE T
NAME YOUNG, DENNIS ☐ Delete
STREET ADDRESS 473 BIRWOOD EAST
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME SANDFORD, WILLIAM ☐ Delete
STREET ADDRESS 2710 OAK LAWN AVE.
CITY-ST-ZIP DALLAS TX 75219

TITLE S
NAME NEILL, HEATHER ☐ Delete
STREET ADDRESS 892 NE CANDY LANE
CITY-ST-ZIP MAYO FL 32066

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

Gene Neill

Jan 18, 2006