

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005886

Entity Name: VOICE OF DELIVERANCE HEALING MINISTRY INC.**Current Principal Place of Business:**1507 MARTIN LUTHER KING BLVD
WAUCHULA, FL 33873**Current Mailing Address:**1014 LOUISIANNA ST.
WAUCHULA, FL 33873 US**FEI Number:** 26-1368339**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WOODS, BENITA
1755 KELLY DRIVE
ARCADIA, FL 34266 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:** BENITA WOODS

03/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, PASTOR
Name CAPRON, CLERVENIA
Address 1014 LOUISIANNA ST.
City-State-Zip: WAUCHULA FL 33873

Title VP, DEACON
Name CAPRON, JEFFERY S SR.
Address 1014 LOUISIANNA ST.
City-State-Zip: WAUCHULA FL 33873

Title SEC.
Name FREDERIC, DUCARMEL
Address 1548
City-State-Zip: LINCOLN STREET FL 33873

Title TRE
Name WOODS, BENITA
Address 1755 KELLY DRIVE
City-State-Zip: ARCADIA FL 34266

Title VP, CHAIRMAN
Name SEARS, DENISE
Address 2408 GIDDENS AVE
City-State-Zip: SEFFNER FL 33584

I hereby 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 all other like empowered.

SIGNATURE: CLERVENIA CAPRON

PASTOR

03/29/2020

Electronic Signature of Signing Officer/Director Detail

Date