


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90056 011 \*\*\*\*70.00

**DOCUMENT # F03000003100**  
 1. Entity Name  
**THE VOICE OF PROPHECY, INC.**



Principal Place of Business      Mailing Address  
 101 W. COCHRAN      P.O. BOX 500  
 SIMI VALLEY, CA 93065      SIMI VALLEY, CA 93062-0500

JUL12010



**DO NOT WRITE IN THIS SPACE**

01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>95-2414749</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
 FLORIDA CONFERENCE ASSOCIATION OF SEVENTH-  
 655 NORTH WYMORE ROAD  
 WINTER PARK, FL 32789-1715

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHNEIDER, DON C 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETTEBURG, KERMIT 12501 OLD COLUMBIA PIKE SILVER SPRINGS, MD 20904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, ROSCOT J III <i>Roscoe</i> 12501 OLD COLUMBIA PIKE SILVER SPRINGS, MD 20904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLEY, JAMES W 12501 OLD COLUMBIA PIKE SILVER SPRINGS, MD 20904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARTIES, WALTER E 101 W. COCHRAN SIMI VALLEY, CA 93065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSBOLL, HAROLD N 101 W. COCHRAN SIMI VALLEY, CA 93065

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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]* **1-27-05** **805**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #