

AMENDED
2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

03-07-2005 90259 035 ****61.25
 F03000003100

FILED

05 APR -4 AM 8:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

DOCUMENT # F03000003100 1. Entity Name THE VOICE OF PROPHECY, INC.			
Principal Place of Business 101 W. COCHRAN SIMI VALLEY CA 93065		Mailing Address P.O. BOX 500 SIMI VALLEY CA 93062-0500	
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 95-2414749		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORIDA CONFERENCE ASSOCIATION OF SEVENTH- 655 NORTH WYMORE ROAD WINTER PARK FL 32789-1715		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	C SCHNEIDER, DON C 12501 OLD COLUMBIA PIKE SILVER SPRING MD 20904	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D NETTEBURG, KERMIT 12501 OLD COLUMBIA PIKE SILVER SPRINGS MD 20904	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Frederick M. Kinsey
STREET ADDRESS		STREET ADDRESS	12501 Old Columbia Pike
CITY-ST-ZIP		CITY-ST-ZIP	Silver Spring, MD 20904
TITLE	D HOWARD, ROSCOT J III 12501 OLD COLUMBIA PIKE SILVER SPRINGS MD 20904	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P GILLEY, JAMES W 12501 OLD COLUMBIA PIKE SILVER SPRINGS MD 20904	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP ARTIES, WALTER E 101 W. COCHRAN SIMI VALLEY CA 93065	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S GROSBOLL, HAROLD N 101 W. COCHRAN SIMI VALLEY CA 93065	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Becky J. Brown
STREET ADDRESS		STREET ADDRESS	101 West Cochran
CITY-ST-ZIP		CITY-ST-ZIP	Simi Valley, CA 93065
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: <i>Becky J. Brown</i> BECKY J. BROWN		Date: 2/16/2005 (805) 955-7614	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

NEW OFFICERS
May 4