

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # F05000005363

1. Entity Name

CHRISTIAN DELIVERANCE FELLOWSHIPS, INC.



05-05-2006 90208 001 \*\*\*\*\*8.75

05-05-2006 90208 002 \*\*\*150.00

Principal Place of Business: 4012 NW GOLDENROD ROAD STE 105 JENSEN BEACH FL 34957  
 Mailing Address: 4012 NW GOLDENROD ROAD STE 105 JENSEN BEACH FL 34957



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

52-1479-476

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDY, LAFRONGA  
 388 N.W. SHERRY LANE  
 PORT ST. LUCIE FL 34986

Name: HARDY, LAFRONGA

Street Address (P.O. Box Number is Not Acceptable): 388 N.W. Sherry Lane

City: Port St Lucie, Jensen Beach, FL Zip Code: 34986

8. The above named entity submits this statement for the purpose of changing its registered office of 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 \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: C  
 NAME: HAYATT, GAREY A DR  
 STREET ADDRESS: 7906 POLK STREET  
 CITY-ST-ZIP: LANHAM MD 20706  Delete

TITLE:  Change  Addition  
 NAME: HYATT, GAREY A. DR  
 STREET ADDRESS: 7906 POLK ST  
 CITY-ST-ZIP: LANHAM, MD 20706

TITLE: VC  
 NAME: BUSH, LEE C REV  
 STREET ADDRESS: 49906 254TH STREET  
 CITY-ST-ZIP: LANCASTER CA 93536  Delete

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

TITLE: D  
 NAME: BROWN, LYDIA G  
 STREET ADDRESS: 6702 LAKE PARK DRIVE BLDG 1 UNIT 104  
 CITY-ST-ZIP: GREENBELT MD 20770  Delete

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

TITLE: D  
 NAME: BROWN, JAMES ROBERT PASTOR  
 STREET ADDRESS: PO BOX 247  
 CITY-ST-ZIP: MUSE PA 15350  Delete

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

TITLE: D  
 NAME: LAMAR, BETTIE L EVANGEL  
 STREET ADDRESS: 7800 KIPLING PARKWAY  
 CITY-ST-ZIP: DISTRICT HEIGHTS MD 20747  Delete

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

TITLE: D  
 NAME: JOHNSON, TONI A MINISTE  
 STREET ADDRESS: 10859 AMHERST AVENUE #201  
 CITY-ST-ZIP: SILVER SPRINGS MD 20902  Delete

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 607, 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: Naomi Ruth Golden, President / Pastor Date: 4/26/06 172/224-8184  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #