


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90184 044 ****61.25

DOCUMENT # N02000004661 1. Entity Name EMMANUEL LIGHTHOUSE OF DELIVERANCE MINISTRY, INC.					
Principal Place of Business 575 HOME GROVE DRIVE WINTER GARDEN, FL 34787 US			Mailing Address P.O. BOX 371 CLARCONA, FL 32710 US		
2. Principal Place of Business 12473 Daughtery Dr.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122006 Chg-NP CR2E037 (11/05)	
City & State Winter Garden,		City & State		4. FEI Number 04-3692362	
Zip 34787		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGORY, ROSE M 414 CYPRESS AVE SANFORD, FL 32771				7. Name and Address of New Registered Agent Name Rose M Gregory Street Address (P.O. Box Number is Not Applicable) 616 East 8th Street City Sanford FL 32771	
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 re-registering)					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ANGEL <input type="checkbox"/> Delete P.O. BOX 371 CLARCONA, FL 32710				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREGORY, ROSE MARY <input type="checkbox"/> Delete 414 CYPRESS AVE SANFORD, FL 32771				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, CLARANCY MAY <input type="checkbox"/> Delete P.O. BOX 371 CLARCONA, FL 32710				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Clarancy May Jackson <input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 371 Clarcona, FL 32710				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Pastor Angel Johnson Director Apr 12, 2006 407-654-3036 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					