

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90046 050 \*\*\*\*61.25

**DOCUMENT # N02000004661**



**1. Entity Name**  
**EMMANUEL LIGHTHOUSE OF DELIVERANCE MINISTRY, INC.**

**Principal Place of Business**  
12973 DAUGHTERY DR  
WINTER GARDEN, FL 34787 US

**Mailing Address**  
P.O. BOX 371  
CLARCONA, FL 32710 US

400734300



**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007 Chg-NP CR2E037 (12/06)

City & State

City & State

**4. FEI Number**  
04-3692362

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**

GREGORY, ROSE M  
616 E 8TH ST  
SANFORD, FL 32771

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** JOHNSON, ANGEL  
**STREET ADDRESS** P.O. BOX 371  
**CITY - ST - ZIP** CLARCONA, FL 32710

**TITLE** DT ☐ Delete  
**NAME** GREGORY, ROSE MARY  
**STREET ADDRESS** 414 CYPRESS AVE  
**CITY - ST - ZIP** SANFORD, FL 32771

**TITLE** SD ☐ Delete  
**NAME** JACKSON, CLARANCY MAY  
**STREET ADDRESS** POB 371  
**CITY - ST - ZIP** CLARCONA, FL 32710

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME** Director Secretary  
**STREET ADDRESS** Jackson, Clarancy May  
**CITY - ST - ZIP** P.O. Box 371  
Clarcona, FL 32710

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**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 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**

*Senior Pastor Angel Johnson / Angel Johnson Director 4-11-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407)  
650-2079