

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006688

FILED  
Sep 04, 2006  
Secretary of State

Entity Name: STRONGHOLDS DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

2800 NW 44 ST STE 210  
OAKLAND PK, FL 33313

**New Principal Place of Business:**

2800 NW 44 ST STE 210  
OAKLAND PK, FL 33309

**Current Mailing Address:**

2800 NW 44 ST STE 210  
OAKLAND PK, FL 33313

**New Mailing Address:**

2800 NW 44 ST STE 210  
OAKLAND PK, FL 33309

FEI Number: 41-2106374      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHIN, ALICIA  
521 NW 132 TERR  
PLANTATION, FL 33325      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: MCDONALD, ELEANOR D  
Address: 2800 NW 44 ST STE #210  
City-St-Zip: OAKLAND PK, FL 33309

Title: DT      ( ) Delete  
Name: HOWARD, JAVELLE  
Address: 2797 OAKLAND FOREST DR #104  
City-St-Zip: OAKLAND PK, FL 33309

Title: DO      ( ) Delete  
Name: LEWIS, CLANSON  
Address: 4917 NW 43 CT  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DO      ( ) Delete  
Name: OTTEY, ALFRED  
Address: 2797 OAKLAND FOREST DR #104  
City-St-Zip: OAKLAND PK, FL 33309

Title: DVC      ( ) Delete  
Name: CHIN, ALICIA  
Address: 521 NW 132 TERR  
City-St-Zip: PLANTATION, FL 33325

Title: DS      ( ) Delete  
Name: RICHARDSON, YULUNDA  
Address: 6230 NW 14 PL  
City-St-Zip: SUNRISE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DO      (X) Change ( ) Addition  
Name: BOWENS, BESSIE  
Address: 1124 HILTON AVE  
City-St-Zip: UTICA, NY 13501

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS      (X) Change ( ) Addition  
Name: PENA, LAVONNA  
Address: 3326 NW 15TH AVE  
City-St-Zip: FORT LAUDERDALE, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR D.MCDONALD

DP

09/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date