

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90135 040 \*\*\*\*70.00

**DOCUMENT # N03000010251**

1. Entity Name

**HOLY CHURCH OF DELIVERANCE, INC.**



Principal Place of Business

**5806 NORTH 40TH STREET  
TAMPA FL 33610**

Mailing Address

**5906 NORTH 40TH STREET  
TAMPA FL 33610**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-0487495**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**MCKEEVER, HAROLD  
4703 CITRUS CIRCLE, APT 44  
TAMPA FL 33617**

7. Name and Address of New Registered Agent

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 **BIS** ☒ Delete  
NAME **MCKEEVER, HAROLD REV.**  
STREET ADDRESS **4703 CITRUS CIRCLE, APT 4**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **P** ☒ Delete  
NAME **MCKEEVER, REBECCA**  
STREET ADDRESS **4703 CITRUS CIRCLE, APT 4**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☐ Delete  
NAME **HEMMINGWAY, PAULINE**  
STREET ADDRESS **4102 39TH STREET**  
CITY-ST-ZIP **TAMPA FL 33610**

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 **BISHOP** ☒ Change ☐ Addition  
NAME **MCKEEVER, HAROLD**  
STREET ADDRESS **8415 N. ARMENIA APT 401**  
CITY-ST-ZIP **TAMPA, FLORIDA, 33604**

TITLE **PASTOR** ☒ Change ☐ Addition  
NAME **MCKEEVER, REBECCA**  
STREET ADDRESS **8415 N. ARMENIA APT. 401**  
CITY-ST-ZIP **TAMPA, FLORIDA, 33604**

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

TITLE **S** ☐ Change ☒ Addition  
NAME **MCKEEVER, MAYA**  
STREET ADDRESS **8413 N. ARMENIA APT. 1118**  
CITY-ST-ZIP **TAMPA, FLORIDA, 33604**

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 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 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: *Harold McKeever, Bishop***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-06-06**

DATE

**813-924-6370**

DAYTIME PHONE