

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010251

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: HOLY CHURCH OF DELIVERANCE, INC.

## Current Principal Place of Business:

5906 NORTH 40TH STREET  
TAMPA, FL 33610

## New Principal Place of Business:

## Current Mailing Address:

5906 NORTH 40TH STREET  
TAMPA, FL 33610

## New Mailing Address:

PO BOX 4034  
TAMPA, FL 33677

FEI Number: 20-0487495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MCKEEVER, HAROLD  
8501 N 50TH ST #1718  
TAMPA, FL 33617 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: BIS ( ) Delete  
Name: MCKEEVER, HAROLD REV.  
Address: 8415 N ARMENIA APT 401  
City-St-Zip: TAMPA, FL 33604

Title: P ( ) Delete  
Name: MCKEEVER, REBECCA  
Address: 8415 N ARMENIA APT 401  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: HEMMINGWAY, PAULINE  
Address: 4102 39TH STREET  
City-St-Zip: TAMPA, FL 33610

Title: S (X) Delete  
Name: MCKEEVER, MAYA  
Address: 8413 N ARMENIA APT 1118  
City-St-Zip: TAMPA, FL 33604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BIS (X) Change ( ) Addition  
Name: MCKEEVER, HAROLD REV.  
Address: 8501 N 50TH ST #1718  
City-St-Zip: TAMPA, FL 33617

Title: S (X) Change ( ) Addition  
Name: REED, SYLVIA  
Address: PO BOX 4034  
City-St-Zip: TAMPA, FL 33677

Title: S (X) Change ( ) Addition  
Name: HEMMINGWAY, PAULINE  
Address: 4102 39TH STREET  
City-St-Zip: TAMPA, FL 33610

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

I hereby certify that the information supplied with this filing does not qualify 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: HAROLD MCKEEVER

BH

04/29/2008

Electronic Signature of Signing Officer or Director

Date