

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008543

1. Entity Name
HALLELUJAH DELIVERANCE MINISTRY, INC.



Principal Place of Business
**5755 COPPER LEAF LANE
NAPLES, FL 34116**

Mailing Address
**5755 COPPER LEAF LANE
NAPLES, FL 34116**



01112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0607575

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLAY, EDWARD C
5755 COPPER LEAF LANE
NAPLES, FL 34116**

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLAY, EDWARD C
5755 COPPER LEAF LANE
NAPLES, FL 34116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FITZGERALD, LILLIAN
857 CHARLEMAGNE DR.
NAPLES, FL 34112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SOPHA, RICHARD
129 COACHLIGHT AVE.
NORTH FT. MYERS, FL 33917**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000390029
01/23/06-80009-002 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Edward C. Clay
Edward C. Clay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-06-239-353-5323