# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2007**
**Secretary of State**

DOCUMENT# N04000008543

**Entity Name:** HALLELUJAH DELIVERANCE MINISTRY, INC.

**Current Principal Place of Business:**

5755 COPPER LEAF LANE
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

5755 COPPER LEAF LANE
NAPLES, FL 34116

**New Mailing Address:**

**FEI Number: 05-0607575** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CLAY, EDWARD C
5755 COPPER LEAF LANE
NAPLES, FL 34116 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: D ( ) Delete
Name: CLAY, EDWARD C
Address: 5755 COPPER LEAF LANE
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: FITZGERALD, LILLIAN
Address: 857 CHARLEMAGNE DR.
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: SOPHA, RICHARD
Address: 129 COACHLIGHT AVE.
City-St-Zip: NORTH FT. MYERS, FL 33917

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

Title: D (X) Change ( ) Addition
Name: CLAY, EDWARD C PRESIDE
Address: 5755 COPPER LEAF LANE
City-St-Zip: NAPLES, FL 34116

Title: D (X) Change ( ) Addition
Name: FITZGERALD, LILLIAN TREA
Address: 857 CHARLEMAGNE DR.
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: GOFF, MARY A SEC
Address: 39 OCEANS BLVD
City-St-Zip: NAPLES, FL 34104

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: EDWARD CLAY PERS 02/08/2007

Electronic Signature of Signing Officer or Director — Date