

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008543

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

235 AIRPORT ROAD SOUTH  
NAPLES, FL 34101

**New Principal Place of Business:**

5755 COPPERLEAF LANE  
NAPLES, FL 34116

**Current Mailing Address:**

5755 COPPER LEAF LANE  
NAPLES, FL 34116

**New Mailing Address:**

5755 COPPERLEAF LANE  
NAPLES, FL 34116

**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  
Name: CLAY, EDWARD C PRESIDE  
Address: 5755 COPPER LEAF LANE  
City-St-Zip: NAPLES, FL 34116

Title: D  
Name: SCHILLACI, DEBORAH TREA  
Address: 5921 N. RED OAK ROAD  
City-St-Zip: LEWISTON, MI 49756

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

I hereby 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 all other like empowered.

**SIGNATURE:** EDWARD CLAY

D

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date