

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005320

Entity Name: HALLEL MINISTRIES, INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

494 SABAL TRCWZDE  
LONGWOOD, FL 32779

## New Principal Place of Business:

494 SABAL TRAIL CIRCLE  
LONGWOOD, FL 32779

## Current Mailing Address:

PO BOX 161416  
ALTAMONTE SPRINGS, FL 32716

## New Mailing Address:

FEI Number: 59-3811103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTNOY, LANA  
494 SABAL TRAIL CIRCLE  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: PORTNOY, LANA  
Address: PO BOX 161416  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: D ( ) Delete  
Name: MUNIZZI, DAVID  
Address: 70A LAVELL AVE  
City-St-Zip: STATON ISLAND, NY 10314

Title: D ( ) Delete  
Name: HALL, TERRY LEE  
Address: 925 LARSON RD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: HELTON, DENNIS  
Address: 2040 LEE ROAD LOT B 1  
City-St-Zip: ORLANDO, FL 32810

Title: SD ( ) Delete  
Name: BERNSTEIN, SUSAN  
Address: 205 BUTTONWOOD DR  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LANA PORTNOY

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date