

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005320

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** HALLEL MINISTRIES, INC.

**Current Principal Place of Business:**

494 SABAL TRAIL CIRCLE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**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  
**Name:** PORTNOY, LANA  
**Address:** PO BOX 161416  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32716

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

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

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

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

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:** LANA PORTNOY

PD

02/21/2010

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

\_\_\_\_\_  
Date