

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90004 037 \*\*\*\*61.25

**DOCUMENT # N97000006417**

1. Entity Name

TRUE HOPE AND DELIVERANCE MINISTRIES INC.



Principal Place of Business

3109 W BEAVER STREET  
JACKSONVILLE FL 32254  
US

Mailing Address

P O BOX 2327  
JACKSONVILLE FL 32203  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

59-3496939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIVENS, ALLEN G JR.  
955 MELSON AVENUE  
JACKSONVILLE FL 32205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Allen G. Givens Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/4/06  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PCD ☐ Delete  
NAME GIVENS, ALLEN G. JR.  
STREET ADDRESS 955 MELSON AVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE VT ☐ Delete  
NAME GIVENS, THEREAS  
STREET ADDRESS 955 MELSON AVE  
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE T ☒ Delete  
NAME SEABROOK WILLIAMS, PAULA  
STREET ADDRESS 7955 CHERRY BOSSOM DR S  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *SECRETARY*  
STREET ADDRESS *VERONICA*  
CITY-ST-ZIP *5939 ROOSEVELT BLVD LOT 41*  
*JACKSONVILLE FL 32245*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Allen G. Givens Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitime Phone #

*Allen G. Givens Jr.* 9/4/06 904388779  
904388779