

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northen  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 AM 8:20

DOCUMENT # 715365 (3)

1. Corporation Name

THE HOLY SANCTIFIED CHURCH OF FATHER, SON AND HOLY GHOST, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
MARTIN LUTHER KING ST P O BOX 233  
P.O. BOX 233 TAYLOR STREET  
MAYO FL 32066 MAYO FL 32066  
US

3. Date Incorporated or Qualified 10/04/1968 3a. Date of Last Report 02/28/1994

4. FEI Number 59-3128961 APPLIED FOR Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SELLERS, ANNIE MAE  
TAYLOR ST  
MAYO FL 32066

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS  
TITLE VD  
NAME SELLER, EUGENE  
STREET ADDRESS TAYLOR ST  
CITY-ST-ZIP MAYO FL  
TITLE D  
NAME POWE, CHARLIE  
STREET ADDRESS WILLOW ST  
CITY-ST-ZIP MAYO FL  
TITLE SD  
NAME SELLERS, ANNIE MAE (PAS)  
STREET ADDRESS TAYLOR ST  
CITY-ST-ZIP MAYO FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE *Pass. pastor/director*  Change  Addition  
12 NAME *seller, Eugene*  
13 STREET ADDRESS *Taylor st* D  
14 CITY-ST-ZIP *MAYO FL*  
21 TITLE *Trustee Overseer*  Change  Addition  
22 NAME *Powe, Charlie* T  
23 STREET ADDRESS *Willow st*  
24 CITY-ST-ZIP *MAYO FL*  
31 TITLE *pastor/director*  Change  Addition  
32 NAME *sellars, Annie Mae* D  
33 STREET ADDRESS *Taylor st*  
34 CITY-ST-ZIP *MAYO FL*  
41 TITLE *Secretary*  Change  Addition  
42 NAME *Valerie McKnight* D  
43 STREET ADDRESS *Willow st*  
44 CITY-ST-ZIP *MAYO FL*  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Annie Sellers Annie Mae Sellers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/95*  
DATE

*(714) 274-585*  
*274-1385*  
CAYMAN ISLANDS