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

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 715365

1. Entity Name

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

Principal Place of Business	Mailing Address
MARTIN LUTHER KING DRIVE MAYO FL 32066	P O BOX 233 MAYO FL 32066 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3218961 — 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
SELLER, ANNIE MAE TAYLOR ST MAYO FL 32066	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE APD NAME SELLER, EUGENE STREET ADDRESS TAYLOR ST CITY-ST-ZIP MAYO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000444952 03/07/06-80024-010 70.00
TITLE TO NAME POWE, CHARLIE STREET ADDRESS WILLOW ST CITY-ST-ZIP MAYO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE PD NAME SELLERS, ANNIE MAE (PAS STREET ADDRESS TAYLOR ST CITY-ST-ZIP MAYO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE TR NAME THOMAS, SHELIA STREET ADDRESS MARTIN LUTHER KING STREET CITY-ST-ZIP MAYO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE M NAME THOMAS, JANNIE STREET ADDRESS OAK ST. CITY-ST-ZIP MAYO FL 32066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE C NAME EDWARDS, VELMA STREET ADDRESS LAKE ST. CITY-ST-ZIP MAYO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X _____ DATE _____