


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 715365</b> 1. Entity Name <b>THE HOLY SANCTIFIED CHURCH-OF FATHER, SON AND HOLY GHOST, INC.</b>	
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Principal Place of Business <b>MARTIN LUTHER KING DRIVE MAYO FL 32066</b>	Mailing Address <b>P O BOX 233 MAYO FL 32066 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number <b>59-3218961</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>SELLER, ANNIE MAE TAYLOR ST MAYO FL 32066</b>

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTICE: Registered Agent signature is required with this filing)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	APD SELLER, EUGENE <input type="checkbox"/> Delete TAYLOR ST MAYO FL
TITLE	TO POWE, CHARLIE <input type="checkbox"/> Delete WILLOW ST MAYO FL
TITLE	PD SELLERS, ANNIE MAE (PAS) <input type="checkbox"/> Delete TAYLOR ST MAYO FL
TITLE	TR THOMAS, SHELIA <input type="checkbox"/> Delete MARTIN LUTHER KING STREET MAYO FL
TITLE	M THOMAS, JANNIE <input type="checkbox"/> Delete OAK ST. MAYO FL 32066
TITLE	C EDWARDS, VELMA <input type="checkbox"/> Delete LAKE ST. MAYO FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000898686
STREET ADDRESS	04/28/08-80006-018 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000898686
STREET ADDRESS	04/28/08-80006-019 8.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Annie Sellers Annie Mae Sellers 4/10/08*