

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715365

FILED
Feb 27, 2012
Secretary of State

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

Current Principal Place of Business:

655 MARTIN LUTHER KING JR DRIVE
MAYO, FL 32066 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 233
MAYO, FL 32066 US

New Mailing Address:

FEI Number: 59-3218961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SELLERS, ANNIE M PASTOR
422 SW OAK ST
MAYO, FL 32066 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: APD
Name: SELLER, EUGENE ASST P
Address: 422 SW OAK ST
City-St-Zip: MAYO, FL 32066 US

Title: GR
Name: HARRELL, SHERRIE D EVANG
Address: 526 SW OAK ST
City-St-Zip: MAYO, FL 32066 US

Title: PD
Name: SELLERS, ANNIE M PASTOR
Address: 422 SW OAK ST
City-St-Zip: MAYO, FL 32066 US

Title: TR
Name: THOMAS, SHELIA O MINISTE
Address: 576 SW OAK ST
City-St-Zip: MAYO, FL 32066 US

Title: M
Name: THOMAS, JANNIE M PASTOR
Address: 598 SW OAK ST.
City-St-Zip: MAYO, FL 32066 US

Title: C
Name: EDWARDS, VELMA MOTHER
Address: LAKE ST.
City-St-Zip: MAYO, FL 32066 US

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: SHERRIE D. HARRELL

GR

02/27/2012

Electronic Signature of Signing Officer or Director

Date