

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715365

FILED
Jun 28, 2020
Secretary of State
1173888496CC

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

Current Mailing Address:

P O BOX 233
MAYO, FL 32066 US

FEI Number: 59-3218961

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SELLERS, ANNIE M BISHOP/PASTOR
422 SW OAK ST
MAYO, FL 32066 US

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: BISHOP ANNIE SELLERS

06/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD, BISHOP AND PASTOR,
DIRECTOR, MANAGER
Name SELLERS, ANNIE M BISHOP/PASTOR
Address P O BOX 233
422 SW OAK ST
City-State-Zip: MAYO FL 32066

Title GR, YOUTH DIRECTOR, PASTOR'S
ASST., AUTHORIZED
REPRESENTATIVE
Name HARRELL, SHERRIE D
GRAPHIC/EVANG
Address 526 SW OAK ST
P.O. BOX 91
City-State-Zip: MAYO FL 32066

Title APD, ASST. PASTOR, RULING ELDER
Name SELLERS, EUGENE
ASST.PASTOR/RULING ELDER
Address 422 SW OAK ST
City-State-Zip: MAYO FL 32066

Title TR, MINISTER
Name HILL, SHELIA O OVERSEER
Address 422 SW OAK ST
City-State-Zip: MAYO FL 32066

Title GENERAL MOTHER
Name THOMAS, JANNIE ASST. MANAGER
Address 598 SW OAK ST.
City-State-Zip: MAYO FL 32066

Title DISTRICT MOTHER
Name EDWARDS, VELMA MOTHER
Address LAKE ST.
City-State-Zip: MAYO FL 32066

Title SECRETARY
Name JONES, SEALEY SECRETARY
Address P.O BOX 233
City-State-Zip: MAYO FL 32066

Title DEACONESS
Name MARTIN , PATRICIA ANN
Address MARTIN LUTHER KING JR BLVD
City-State-Zip: MAYO FL 32066

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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 HARRELL

GR

06/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title JR DEACON
Name HARRELL, RANDALL LEVAR
Address P.O. BOX 91
City-State-Zip: MAYO FL 32066

Title USHER BOARD PRESIDENT
Name ATKINS, CHARLIE ANN
Address MARTIN LUTHER KING JR BLVD
City-State-Zip: MAYO FL 32066