

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715365

**Entity Name:** THE HOLY SANCTIFIED CHURCH OF FATHER, SON AND HOLY GHOST, INC.**FILED**  
**Mar 22, 2018**  
**Secretary of State**  
**CC8860108805****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****03/22/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** APD, ASSISTANT PASTOR, RULING  
ELDER**Name** SELLERS, EUGENE**Address** 422 SW OAK ST**City-State-Zip:** MAYO FL 32066**Title** GR, YOUTH DIRECTOR, PASTOR'S  
ASST**Name** HARRELL, SHERRIE D  
GRAPHIC/EVANG**Address** 526 SW OAK ST**City-State-Zip:** MAYO FL 32066**Title** PD, BISHOP AND PASTOR**Name** SELLERS, ANNIE M BISHOP/PASTOR**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 PASTOR**Address** 598 SW OAK ST.**City-State-Zip:** MAYO FL 32066**Title** DISTRICT MOTHER**Name** EDWARDS, VELMA**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**Continues on page 2**

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****PASTOR'S ASST****03/22/2018**

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