

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715365

**FILED**  
**Apr 22, 2019**  
**Secretary of State**  
**1462637366CC**

**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**

**04/22/2019**

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**

**YOUTH DIRECTOR/  
PASTORS ASST**

**04/22/2019**

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