


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90004 048 ****61.25

DOCUMENT # 736789 1. Entity Name SANCTUARY OF PRAISE ASSEMBLY OF GOD, INC.					
Principal Place of Business 447 RACETRACK ROAD FT. WALTON BCH, FL 32547				Mailing Address 447 RACETRACK ROAD FT. WALTON BCH, FL 32547	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		01092004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2238135	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DWIGHT E SHIRLEY 447 NW RACETRACK RD FT WALTON BCH, FL 32547				7. Name and Address of New Registered Agent Name Charolette Castell Street Address (P.O. Box Number is Not Acceptable) 447 Racetrack Rd NW City Fort Walton Beach FL Zip Code 32547	
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 <i>Charolette Castell</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Charolette Castell</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 1-10-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOGAN, SHIRLEY 447 RACETRACK ROAD FT. WALTON BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELL, CHARLOTTE 447 RACETRACK ROAD FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPAS SHIRLEY, DWIGHT E 405 CLOVERDALE BLVD FT WALTON BEACH, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRLEY, HEINDRICH D 447 N.W. RACETRACK RD., FT. WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Charolette Castell</i> Charolette Castell 1-10-04 850-243-6476 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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