

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 739321

1. Entity Name
SANCTUARY OF THE MOST HIGH GOD, INC.



Principal Place of Business
**2113 SW 2ND ST
OCALA, FL 34474**

Mailing Address
**PO BOX 1051
OCALA, FL 34478-1051**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3434265

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRANKLIN, SAMUEL
326 SW 11TH AVE.
OCALA, FL 32674**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRANKLIN, SAMUEL
STREET ADDRESS	326 SW 11TH AVE.
CITY-ST-ZIP	OCALA, FL 32674
TITLE	VP
NAME	CURRY, VERA
STREET ADDRESS	2126 SW FORT KING STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	S
NAME	COE, LINDA
STREET ADDRESS	211 SW 11TH AVE.
CITY-ST-ZIP	OCALA, FL 34474
TITLE	T
NAME	CURRY, TRINA
STREET ADDRESS	2126 S.W. FT. KING STREET
CITY-ST-ZIP	OCALA, FL 32674
TITLE	D
NAME	CURRY, JAMES
STREET ADDRESS	2126 SW FT. KING ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	PINDER, BARBARA
STREET ADDRESS	2075 SW 3RD STREET
CITY-ST-ZIP	OCALA, FL 34474

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02/09/06-80026-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Linda Coe - **LINDA COE (Secretary)**

01-26-06

(352)390-6071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #