


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 035 ****61.25

DOCUMENT # 739321	
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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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Brown	
STREET ADDRESS	140 S.W. 23 Ave.	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-07 (352) 390-6071
Date Daytime Phone #