2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



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

DOCUMENT #739321

						151							
Principal Place of Business 2113 SW 2ND ST OCALA, FL 34474		PO B	Mailing Address PO BOX 1051 OCALA, FL 34478-1051				30001030						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.					04122008	Chg-Ni	5	CR	2E037	(12/06)	
City & State		City & State					4. FEI Number Applied For 59-3434265 Not Applicable						
Zip	Country Z)	untry	5. Certificate of S			\$9.75 Addison				ditional	
	6. Name and Address of Current	Registere	ed Agent	ļ	L		7. Name and	Address	of New !	Registe			
EDANKLIN CAMILE					Name								
FRANKLIN, SAMUEL			Street Addre			ddress (F	ss (P.O. Box Number is Not Acceptable)						
00/101,1	L 02014												
					City						FL	Zip Cod	е
8. The above	e named entity submits this statement for	or the purp	ose of changing its	register	ed office or	registere	ed agent, or bo	oth, in the St	late of F	lorida.	l am far	miliar with,	and accept
ine ooliga	ions oi registered agent.												
SIGNATURE													
	Signature, typed or printed name of registered agent	t and title if app	olicable. (NOTE	E: Registere	ed Agent signatur	re required	when reinstating)			D	DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.										
							\$5.00 May in Added to Fees					payable to nent of St	
10.		RECTORS	Trust Fund C			<u></u>		<u> </u>	Flo	orida D	epartn	nent of S	tate
TITLE	OFFICERS AND DI	RECTORS	Trust Fund C	11.	E [<u></u>	Added to Fees	<u> </u>	Flo	orida D	epartn ID DIRE	nent of S	tate
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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 attactment with an address, with all other like empowered.

SIGNATURE:

Muela (ve SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352)390-6071 2-26-08

FILED

Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90041 029 ****61.25