

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007631

1. Entity Name

OUR FATHER'S SANCTUARY CHURCH FOR AWAKENING HEAR

Principal Place of Business

6709 SE 110TH STREET
BELLEVUE FL 34420

Mailing Address

6709 SE 110TH STREET
BELLEVUE FL 34420

2. Principal Place of Business

6709 SE 110th Street

Suite, Apt. #, etc.

Bellevue, FL

City & State

3. Mailing Address

6701 SE 110th Street

Suite, Apt. #, etc.

City & State

Bellevue, FL

4. FEI Number

59-3693720

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMP, DENNIS D
2537 SE 17TH STREET
OCALA FL 34471

7. Name and Address of New Registered Agent

Name Catherine J. Ledford

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

6701 SE 110th Street

City Bellevue

FL

Zip Code

34420

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.

SIGNATURE Catherine J. Ledford

Catherine J. Ledford

3/12/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME LEDFORD, ROBERT J ☐ Delete
STREET ADDRESS PO BOX 4483
CITY-ST-ZIP Ocala FL 34478

TITLE NAME LEDFORD, CATHERINE J ☐ Delete
STREET ADDRESS PO BOX 4483
CITY-ST-ZIP Ocala FL 34478

TITLE NAME DS BRENTON, TERRY ☐ Delete
STREET ADDRESS 10347 SOUTH EAST 178TH PLACE
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Catherine J. Ledford

3/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-368-3180

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90224 036 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)