

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90034 007 \*\*\*\*70.00

**DOCUMENT # N00000007631**

1. Entity Name  
**OUR FATHER'S SANCTUARY CHURCH FOR  
AWAKENING HEARTS, INC.**



Principal Place of Business  
**6709 SE 110TH STREET  
BELLEVUE, FL 34420**

Mailing Address  
**6709 SE 110TH STREET  
BELLEVUE, FL 34420**

**94014694**



**DO NOT WRITE IN THIS SPACE**

01272004 No Chg-NP CR2E037 (10/03)

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**

**LEDFOORD, CATHERINE J  
6701 SE 110TH STREET  
BELLEVUE, FL 34420**

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	LEDFOORD, ROBERT J
STREET ADDRESS	PO BOX 4483
CITY-ST-ZIP	OCALA, FL 34478
TITLE	T
NAME	LEDFOORD, CATHERINE J
STREET ADDRESS	PO BOX 4483
CITY-ST-ZIP	OCALA, FL 34478
TITLE	DS
NAME	BRENTON, TERRY
STREET ADDRESS	10347 SOUTH EAST 178TH PLACE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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*

*Catherine J. Ledford*

*2/8/04*

*352-368-3180*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone