## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2006 08:00 AM DOCUMENT # N00000007631 **Secretary of State** 1. Entity Name OUR FATHER'S SANCTUARY CHURCH FOR AWAKENING HEARTS, INC. Principal Place of Business Mailing Address 6709 SE 110TH STREET BELLEVIEW FL 34420 6709 SE 110TH STREET BELLEVIEW FL 34420 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 59-3693720 Not Applicable Zη Zφ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEDFORD, CATHERINE J Street Address (P.O. Box Number is Not Acceptable) 6701 SE 110TH STREET **BELLEVIEW FL 34420** City 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 agein and title if improsible (NOTE: Registered Agent signature lectured when reinstantig) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE ■ Delete TITLE Addition. U00000459157 LEDFORD, ROBERT J NAME 03/18/06-80020-011 70.00 PO BOX 4483 STREET ADDRESS STREET ABORESS OCALA FL 34478 CHY-ST- ZIP CITY-\$7-27P Change TITLE Delete HIDE LEDFORD, CATHERINE J NAME NAME PO BOX 4483 STREET ADDRESS SCREET ADDRESS CITY-ST-ZIP OCALA FL 34478 CHY-SI-ZIP ☐ Change F Addition DS TITLE ☐ Delete TITLE BRENTON, TERRY NAME NAME 10347 SOUTH EAST 178TH PLACE STREET ACCINESS STREET ADDRESS CITY-SI-ZIP SUMMERFIELD FL 34491 CITY-ST-ZIP ☐ Adding ☐ Delete □ Change 33117 TITLE ecaste. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EIFY-S1-ZIP TITLE ☐ Detete TITLE Change TAKE: NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST:ZIP CITY-S1-ZIP ☐ Adimi TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify to the exemptions contained in Section 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 directly 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 1 if changed, or on an attachment with an address, with all other like empowered.

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**FILED**