

ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90033 001 ****70.00

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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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 16930 SE 101 Court Rd		3. Mailing Address Suite, Apt. #, etc. 16930 SE 101 Court Rd		04012007 Chg-NP CR2E037 (12/06)	
City & State Summerfield, FL		City & State Summerfield, FL		4. FEI Number 59-3693720	
Zip 34491		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEDFOORD, CATHERINE J 6701 SE 110TH STREET BELLEVUE, FL 34420			7. Name and Address of New Registered Agent Name Catherine J. Ledford Street Address (P.O. Box Number is Not Acceptable) 16930 SE 101 Court Road City Summerfield FL Zip Code 34491		
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 <u>Catherine Ledford</u> <u>Catherine J. Ledford</u> <u>4/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEDFOORD, ROBERT J PO BOX 4483 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ledford, Robert J. 16930 SE 101 Court Rd Summerfield, FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEDFOORD, CATHERINE J PO BOX 4483 OCALA, FL 34478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ledford, Catherine J. 16930 SE 101 Court Rd Summerfield, FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRENTON, TERRY 10347 SOUTH EAST 178TH PLACE SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Catherine J. Ledford Catherine J Ledford 4/1/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					