

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N00000007631

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



Principal Place of Business
**16930 SE 101 CT RD
SUMMERFIELD, FL 34491**

Mailing Address
**16930 SE 101 CT RD
SUMMERFIELD, FL 34491**

DO NOT WRITE IN THIS SPACE

04142008 No Chg-NP

CR2E037 (4/06)

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
16930 SE 101 CT RD
SUMMERFIELD, FL 34491**

**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

Catherine J. Ledford

4/15/08

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000901961
04/29/08-80090-008 70.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	LEDFOORD, ROBERT J
STREET ADDRESS	16930 SE 101 CT RD
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	T
NAME	LEDFOORD, CATHERINE J
STREET ADDRESS	16930 SE 101 CT RD
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	DS
NAME	BRENTON, TERRY
STREET ADDRESS	10347 SOUTH EAST 178TH PLACE
CITY-ST-ZIP	SUMMERFIELD, FL 34491

**DO NOT WRITE
IN THIS SPACE**

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

4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-246-2220