

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 006 ****61.25

DOCUMENT # N03000003915

1. Entity Name
EL'SHADDA SAINTUARY OF PRAISE, INC.



Principal Place of Business
**C/O MS. SHARON TAYLOR
P.O. BOX 1595
LAKE CITY, FL 32056-1595**

Mailing Address
**C/O MS. SHARON TAYLOR
P.O. BOX 1595
LAKE CITY, FL 32056-1595**

50058895



2. Principal Place of Business

254 SE MURRAY TERR

Suite, Apt. #, etc.

City & State
LAKE CITY FL

Zip
32025

Country
US

3. Mailing Address

254 SE MURRAY TERR

Suite, Apt. #, etc.

City & State
LAKE CITY FL

Zip
32025

Country
US

07122005 Chg-NP CR2E037 (10/03)

4. FEI Number
76-0759542

Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, SHARON
615 N.W. BASCOM NORRIS DR., APT. C-9
LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent

Name **SAME AS ABOVE**

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

254 SE MURRAY TERR

City **LAKE CITY**

FL

Zip Code
32025

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 **X Sharon Taylor**

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

(NOTE: Registered Agent signature required when reinstating)

7-12-05

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TAYLOR, SHARON**
STREET ADDRESS **615 N.W. BASCOM NORRIS DR., APT. C-9**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **D** ☒ Delete
NAME **BROOKS, ELAINE**
STREET ADDRESS **10771 S.W. 173 ST.**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☒ Delete
NAME **BROOKS, THOMAS**
STREET ADDRESS **10771 S.W. 173 ST.**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☐ Delete
NAME **TAYLOR, ALJANOR**
STREET ADDRESS **615 N.W. BASCOM NORRIS DR., APT. C-9**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Add
NAME **TAYLOR, SHARON**
STREET ADDRESS **254 SE MURRAY TERR**
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE **D** ☐ Change ☒ Add
NAME **NATHANIEL MORROW**
STREET ADDRESS **254 SE MURRAY TERR**
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE **D** ☐ Change ☒ Add
NAME **SHAQUITA MORROW**
STREET ADDRESS **254 SE MURRAY TERR**
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE **D** ☒ Change ☐ Add
NAME **TAYLOR, ALJANOR**
STREET ADDRESS **254 SE MURRAY TERR**
CITY-ST-ZIP **LAKE CITY, FL 32025**

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

TITLE ☐ Change ☐ Add
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Sharon Taylor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Taylor 7-12-05 386-755-9889

Date

Daytime Phone #