## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003915

FILED Jun 07, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

296 S.E. LOMOND AVE. LAKE CITY, FL 32025

Current Mailing Address: New Mailing Address:

P.O. BOX 2901 P.O. BOX 2901 LAKE CITY, FL 32056 P.O. BOX 2905

FEI Number: 76-0759542 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, SHARON PD 833 S.W. POPLAR LN. APT 101

LAKE CITY, FL 32025 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

 Name:
 TAYLOR, ALJANOR CORNELI

 Address:
 5707 34 ST. N. APT. 1

 City-St-Zip:
 ST. PETERSBURG, FL 33714

Title:

Name: ELDER ELAINE BROOKS
Address: 581 S.E. LAMOND AVENUE
City-St-Zip: LAKE CITY, FL 32025

Title:

Name: ACKIES, DIANE

Address: 833 S.E. POPLAR LANE APT 102

City-St-Zip: LAKE CITY, FL 32055

Title:

Name: MORROW, SHAQUITA
Address: 5707 34 ST.N. APT 2

City-St-Zip: ST. PETERSBURG, FL 33714

Title:

Name: PASTOR THOMAS BROOKS
Address: 581 S.E LAMOND AVENUE
City-St-Zip: LAKE CITY, FL 32025

Title:

Name: MORROW, LORRENE
Address: 253 SE.LOMOND AVE APT 103
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PASTOR SHARON TAYLOR R.A. 06/07/2011