

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009573

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** SANCTUARY OF ENDURING FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

1001 NE 16TH AVE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 876  
CITRA, FL 32113

**New Mailing Address:**

**FEI Number:** 20-2229524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEARD, TIMMOTHY L  
12551 NE 25TH AVE  
ANTHONY, FL 32617 US

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

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: P  
Name: BEARD, TERRELL E PASTOR  
Address: 12551 NE 25TH AVE  
City-St-Zip: ANTHONY, FL 32617

Title: VP  
Name: BEARD, LESIA D  
Address: 12551 NE 25TH AVE  
City-St-Zip: ANTHONY, FL 32617

Title: S  
Name: COLEMAN, BETTY  
Address: PO BOX 876  
City-St-Zip: CITRA, FL 32113

Title: T  
Name: DAVIS, JESHEARE  
Address: 1618 NW 1ST AVENUE  
City-St-Zip: Ocala, FL 34475

Title: T  
Name: SMITH, KATRINA TRUST  
Address: 3031 NE 14TH ST  
City-St-Zip: GAINESVILLE, FL 32609

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: LESIA D. BEARD

VP

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date