

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000601

FILED
Apr 07, 2004
Secretary of State**Entity Name:** THE SANCTUARY OF GOD HOLINESS CHURCH APOSTOLIC FAITH, INC.**Current Principal Place of Business:**4501 NORTH 42ND STREET
TAMPA, FL 33610**New Principal Place of Business:**2802 MARTIN LUTHER KING BLVD
SUITE D
TAMPA, FL 33610 US**Current Mailing Address:**10008 N 9TH ST
APT D
TAMPA, FL 33612**New Mailing Address:**10008 N 9TH ST
APT D
TAMPA, FL 33612 US**FEI Number:** 52-2089159**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TOLBERT, ALFONSO
2216 E IDA ST
TAMPA, FL 33610 US**Name and Address of New Registered Agent:**TOLBERT, ALFONSO PASTOR
2216 E IDA ST
TAMPA, FL 33610 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: ALFONSO TOLBERT

04/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: TOLBERT, JULIA ANN
Address: 1811 E 28TH AVE
City-St-Zip: TAMPA, FL 33605**Title:** T () Delete
Name: WILLIAM, WAYNE
Address: 2912 E 32ND AVE
City-St-Zip: TAMPA, FL 33610**Title:** T () Delete
Name: WILLIAMS, LINDA R
Address: 2912 E 32ND AVE
City-St-Zip: TAMPA, FL 33610**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WAYNE WILLIAMS

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04/07/2004

Electronic Signature of Signing Officer or Director

Date