


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90158 026 \*\*\*\*61.25

<b>DOCUMENT # N97000000601</b> 1. Entity Name <b>THE SANCTUARY OF GOD HOLINESS CHURCH APOSTOLIC FAITH, INC.</b>			
Principal Place of Business <b>2802 MARTIN LUTHER KING BLVD SUITE D TAMPA FL 33610 US</b>		Mailing Address <b>10008 N 9TH ST APT D TAMPA FL 33612 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3119 Gordon Ct.</b> Suite, Apt. #, etc.	
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>	
Zip <b>33619</b>	Country <b>USA</b>	4. FEI Number <b>52-2089159</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TOLBERT, ALFONSO PASTOR 2216 E IDA ST TAMPA FL 33610</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TOLBERT, JULIA ANN</b> <b>1811 E 28TH AVE</b> <b>TAMPA FL 33605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>WILLIAM, WAYNE</b> <b>2912 E 32ND AVE</b> <b>TAMPA FL 33610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>WILLIAMS, LINDA R</b> <b>2912 E 32ND AVE</b> <b>TAMPA FL 33610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E037 (10/04)

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Alfonso Tolbert* 4-27-05 813-626-5058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #