

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001570

FILED
Apr 10, 2005
Secretary of State

Entity Name: SANCTUARY FOR HEALING, INC.

Current Principal Place of Business:

401 RIVIERA ISLE DR, #601
FT LAUDERDALE, FL 33301

New Principal Place of Business:

401 RIVIERA ISLE DRIVE
601
FT LAUDERDALE, FL 33301

Current Mailing Address:

401 RIVIERA ISLE DR, #601
FT LAUDERDALE, FL 33301

New Mailing Address:

PO BOX 1344
EVERGREEN, CO 80437

FEI Number: 71-0965058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, BARBARA
401 RIVIERA ISLE DR, #601
FT LAUDERDALE, FL 33301 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 () Delete
Name: MICHELE, SUSAN
Address: 106 SAN JUAN DR
City-St-Zip: ISLAMORADA, FL 33036

Title: VP () Delete
Name: WALKER, BARBARA
Address: 401 RIVIERA ISLE DR, #601
City-St-Zip: FT LAUDERDALE, FL 33301

Title: T () Delete
Name: STRINGFIELD, DAVID
Address: 3500 GALT OCEAN DR, # 506
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MICHELE, SUSAN
Address: PO BOX 1344
City-St-Zip: EVERGREEN, CO 80437

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: SUSAN MICHELE

PRES

04/10/2005

Electronic Signature of Signing Officer or Director

_____ Date