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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002975 (9)
1. Corporation Name
SANCTUARY OF THE HOLY SPIRIT, INC.



Principal Place of Business 106 CATALINA STREET FT MYERS FL 33916	Mailing Address 106 CATALINA STREET FT MYERS FL 33916-3911
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3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0591723	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
**ISSAC, DORITHA W
106 CATALINA STREET
FT MYERS FL 33916**

Isaac, Doritha W.

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Doritha W. Isaac* DATE **4-29/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DORITHA W. ISAAC	
STREET ADDRESS	315 ARLINGTON AVE	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DEAMOUS ISAAC	
STREET ADDRESS	315 ARLINGTON AVE	
CITY - ST - ZIP	FT MYERS FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GERTRUDIS LANNING	
STREET ADDRESS	1202 SE 34TH ST	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CAROLINE KELLY	
STREET ADDRESS	3128 DORA ST #153	
CITY - ST - ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS Amy Isaac
3.3 STREET ADDRESS	4915 ZANA Drive
3.4 CITY - ST - ZIP	Fort Myers, FL 33905
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT Melody Allen
4.3 STREET ADDRESS	5324 Billys Creek Drive
4.4 CITY - ST - ZIP	Fort Myers, FL 33905
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doritha W. Isaac* DATE: **941-334-4544 ext 357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)