

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002805

**FILED**  
**Mar 13, 2024**  
**Secretary of State**  
**6827979502CC**

**Entity Name:** THE SANCTUARY OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

4810 HICKORY WOOD DRIVE  
NAPLES, FL 34119

**Current Mailing Address:**

4810 HICKORY WOOD DRIVE  
NAPLES, FL 34119

**FEI Number: 46-5195148**

**Certificate of Status Desired: No**

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

BECKERS, YOLANDA  
4810 HICKORY WOOD DRIVE  
NAPLES, FL 34119 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            JORDAN, PATRICIA  
Address        407B MEADOWLARK LANE  
City-State-Zip: NAPLES FL 34105

Title            CHAIRMAN  
Name            BECKERS, YOLANDA NICOLE  
Address        4810 HICKORY WOOD DRIVE  
City-State-Zip: NAPLES FL 34119

Title            DIRECTOR  
Name            PAEZ, DANIELLE  
Address        4810 HICKORY WOOD DRIVE  
City-State-Zip: NAPLES FL 34119

Title            VP  
Name            GUTIERREZ, FLORIE  
Address        12811 STARLING DR  
City-State-Zip: ODESSA FL 33556

Title            TREASURER  
Name            KASHYAP, KRISTINA  
Address        6031 SHADY OAKS LN, NAPLES, FL  
City-State-Zip: NAPLES FL 34119

*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: YOLANDA BECKERS**

**CHAIRMAN**

**03/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date