

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002805

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	D
Name	JORDON, PATRICIA
Address	407B MEADOWLARK LANE
City-State-Zip:	NAPLES FL 34105

Title	VCHR
Name	COPPINGER, JUDITH N
Address	9021 WHIMBREL WATCH LANE #102
City-State-Zip:	NAPLES FL 34109

Title	T
Name	REYCROFT, BEN
Address	27241 TORTOISE TRAIL
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
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

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**CHAIR****03/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date