

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 733200 (0)**  
1. Corporation Name  
**SANCTUARY OF LIGHT, INC.**



Principal Place of Business <b>237 NESMITH AVE ST. AUGUSTINE FL 32095 US</b>	Mailing Address <b>237 NESMITH AVE ST. AUGUSTINE FL 32095 US</b>
---	---

3. Date Incorporated or Qualified <b>07/01/1975</b>
4. FEI Number <b>59-1630250</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 3519 N. Lecanto Hwy</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 3519 N. Lecanto Hwy</b> Suite, Apt. #, etc.
City & State <b>23 Beverly Hills, FL</b> Zip Country <b>24 34465 25 USA</b>	City & State <b>27 Beverly Hills, FL</b> Zip Country <b>28 34465 29 USA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**REBECK, RICHARD C  
237 NESMITH AVE.  
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81 Name <b>DAVID DITCHFIELD</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>3519 N. Lecanto Hwy</b>
84 City <b>Beverly Hills</b> FL 85 Zip Code <b>34465</b>

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 *David Ditchfield* **DAVID DITCHFIELD DR. 2-2-98**  
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>REBECK, PEGGY</b>	
STREET ADDRESS <b>16101 W. BAY DR. #165</b>	
CITY-ST-ZIP <b>JUPITER FL 33477</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CACCIOLA, SALVATORE A</b>	
STREET ADDRESS <b>237 NESMITH AVE.</b>	
CITY-ST-ZIP <b>ST.AUGUSTINE FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>REBECK, RICHARD C</b>	
STREET ADDRESS <b>237 NESMITH AVE.</b>	
CITY-ST-ZIP <b>ST.AUGUSTINE FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>MARKI RUKA</b>	
1.3 STREET ADDRESS <b>3519 N. Lecanto Hwy</b>	
1.4 CITY-ST-ZIP <b>Beverly Hills, FL 34465</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Kathryn Ditchfield</b>	
3.3 STREET ADDRESS <b>6431 E. Glover ST.</b>	
3.4 CITY-ST-ZIP <b>Inverness, FL 34452</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>David Ditchfield</b>	
4.3 STREET ADDRESS <b>6431 E. Glover ST</b>	
4.4 CITY-ST-ZIP <b>Inverness, FL 34452</b>	
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 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: *David Ditchfield* **DAVID DITCHFIELD 2/2/98 352 746-1133**

CR25037 (10/97)