200	I ONIFORM BUS	INE22 KEPU	KI	(ARH	()		4				
DOCUMENT # N0000007480 12 Entity Name						FILED					
SANCTUM NEIGHBORHOODS, INC.						01 SEP 28 AM 8:51					
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA					
C/O HARRY 7525 NORTH JACKSONVILI	SHORE DRIVE	C/O HARRY G. WITT 7525 NORTH SHORE DRIVE JACKSONVILLE FL 32208			M					B-11 B 0 1+ 1 0 B1	
2. Principal i	Place of Business	3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS	SPACE		
City & Sta	te	City & State	4. FEI Numbe		er		,	plied For t Applicable	;		
Zip Country		Zip	Cou	Country			of Status Desired		\$8.75 Add Fee Require		
·	6. Name and Address of Current	Registered Agent		Name	7. Nan	ne and	Address of New R	egistered	Agent		4
akel, ed one ind	Ward C Ependent Drive				dress (P.O. Box	Numbe	r is Not Acceptable	e)			
SUITE 23 JACKSON	01 WILLE FL 32202	e T	.	City				FL	Zip Code	e	$\frac{1}{2}$
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistere	d office or r	egistered agent	or bot	h in the state of Flo		- .		-
	,	\$ /-	09.0.0.0	a 005 0, 7.	·		n, in the state of the	nau.			
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature	required when reinsta	ating)		DATE			
		,							•		\dashv
	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	g 🗆	\$5.00 May Be Added to Fees		Make Check Payable to Department of State					
10.	OFFICERS AND DIF	RECTORS	11.		ADDITION	IS/CHA	NGES TO OFFICE	RS AND D	IRECTORS IN	10	╣.
TITLE	PSTD	D0.00							☐ Change	Addition	000
NAME STREET ADDRESS	ROSE-WITT, JAN	5E-WILL, JAN 5 NORTH SHORE DRIVE		T ADDRESS						1	
CITY-ST-ZIP	JACKSONVILLE FL 32208			ST-ZIP							2 L
TITLE	D	☐ Delete TI							☐ Change	Addition	ؤ
NAME	MOORE, MARK	NAN						`	1		1
STREET ADDRESS CITY-ST-ZIP	1835 DEE DRIVE MERRITT ISLAND FL 32953			T ADDRESS ST-ZIP	S						
TITLE	D	☐ Delete	TITLE	U. E.II			.		☐ Change	Addition	+
NAME	WITT, DOROTHY	□ Delete	NAME			90	moode	· •			}
STREET ADDRESS	2056 N.W. 55TH BLVD. C-1			T ADDRESS			0 00046 -10/05/	010	10630	22)
CITY-ST-ZIP	GAINESVILLE FL 32653		1-	ST-ZIP			***248	6.25	*****	L.25	4
TITLE NAME		☐ Delete	TITLE				SM + 1		Change	☐ Addition	
STREET ADDRESS				T ADDRESS							
CITY-ST-ZIP			CITY-	ST-ZIP							
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NAME STREET ADDRESS				T ADDRESS		•					
CITY-ST-ZIP		1		ST-ZIP							
TITLE		. Delete					· ·		☐ Change	☐ Addition	1
NAME		2	NAME						-		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP							-
OTT 01.771		this filing does not qualify for t	UII1-	31 - ZIF							1

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.

GNATURE:

SIGNATURE:

SIG

SIGNATURE: