

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90137 038 ****61.25

DOCUMENT # N01000006430

1. Entity Name

SANCTUARY HOUSE OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

**1203 RIVERSIDE DRIVE
 LAKE WORTH FL 33463**

**1203 RIVERSIDE DRIVE
 LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1137678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRYANT, DONNA F
 1203 RIVERSIDE DRIVE
 LAKE WORTH FL 33463**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DCEO** ☐ Delete
 NAME **BRYANT, DONNA F**
 STREET ADDRESS **1203 RIVERSIDE DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D. Ricky Johnson** ☐ Change ☒ Addition
 NAME **1203 Riverside Dr.**
 STREET ADDRESS **LAKE WORTH, FL 33463**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **LAVETTE, MARIO**
 STREET ADDRESS **6545 SW 21 STREET**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **Pastor Donna Bryant** ☐ Change ☒ Addition
 NAME **1203 Riverside Dr**
 STREET ADDRESS **LAKE WORTH, FL 33463**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FOSTER, GLORIA**
 STREET ADDRESS **3435 SW 52ND AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **D** ☐ Change ☒ Addition
 NAME **Draper, Rhonda**
 STREET ADDRESS **23402 Mc Conn Rd**
 CITY-ST-ZIP **Warrensville Hts, OH 44128**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Davis, Pastor Piper**
 STREET ADDRESS **3234 Christian Springs**
 CITY-ST-ZIP **Lithonia, GA 30038**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
 NAME **Davis, Pastor Pip**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
 NAME **Johnson, Pastor Jonathan**
 STREET ADDRESS **464 Scottsdale Circle**
 CITY-ST-ZIP **Lexington KY 40511**

12. 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 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

**7-12-02 (5617)
 310-7797**

CR2E037 (9/01)