2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N01000006430

Entity Name: SANCTUARY HOUSE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

1203 RIVERSIDE DRIVE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

1203 RIVERSIDE DRIVE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-1137678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DCEO	( ) Delete
Name:	BRYANT, DONNA F	
Address:	1203 RIVERSIDE DRIVE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	D	( ) Delete
Name:	JOHNSON, RICKY	
Address:	1203 RIVERSIDE DR.	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	D	( ) Delete
Name:	JOHNSON, JONATHAN	
Address:	464 SCOTTSDALE CIRCLE	
City-St-Zip:	LEXINGTON, KY 40511	
Title:	D	( ) Delete
Name:	DAVIS, JERRY	
Address:	3234 CHRISTIAN SPRINGS	
City-St-Zip:	LITHONIA, GA 30038	
Title:	D	( ) Delete
Name:	DRAPER, RHONDA	
Address:	23402 MCCONN RD.	
City-St-Zip:	WARRENSVILLE HTS, OH 44128	
Title:	D	( ) Delete
Name:	DAVIS, PASTOR PIPER	
Address:	3234 CHRISTIAN SPRINGS	
City-St-Zip:	LITHONIA, GA 30038	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONNA F. BRYANT DCEO 04/27/2004

Electronic Signature of Signing Officer or Director — Date