

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/5/2003-90111-049-\$61.25-\$61.25

001468

DOCUMENT # N01000006430

1. Entity Name

SANCTUARY HOUSE OF THE PALM BEACHES, INC.



FILED

03 OCT 13 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1203 RIVERSIDE DRIVE  
LAKE WORTH FL 33463

Mailing Address

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | DCEO                      | <input checked="" type="checkbox"/> Delete |
| NAME           | BRYANT, DONNA F           |                                            |
| STREET ADDRESS | 1203 RIVERSIDE DRIVE      |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33463       |                                            |
| TITLE          | Director                  | <input type="checkbox"/> Delete            |
| NAME           | JOHNSON, RICKY            |                                            |
| STREET ADDRESS | 1203 RIVERSIDE DR.        |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33463       |                                            |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | FOSTER, GLORIA            |                                            |
| STREET ADDRESS | 3435 SW 52ND AVE          |                                            |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33023   |                                            |
| TITLE          | P                         | <input checked="" type="checkbox"/> Delete |
| NAME           | BRYANT, PASTOR D          |                                            |
| STREET ADDRESS | 1203 RIVERSIDE DR.        |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33463       |                                            |
| TITLE          | Director                  | <input type="checkbox"/> Delete            |
| NAME           | DRAPER, RHONDA            |                                            |
| STREET ADDRESS | 23402 MCCONN RD.          |                                            |
| CITY-ST-ZIP    | WARRENSVILLE HTS OH 44128 |                                            |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | DAVIS, PASTOR PIPER       |                                            |
| STREET ADDRESS | 3234 CHRISTIAN SPRINGS    |                                            |
| CITY-ST-ZIP    | LITHONIA GA 30038         |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          | Director               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jonathan Johnson       |                                                                              |
| STREET ADDRESS | 464 Scottsdale Circle  |                                                                              |
| CITY-ST-ZIP    | Lexington, KY 40511    |                                                                              |
| TITLE          | Director               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jerry Davis            |                                                                              |
| STREET ADDRESS | 3234 Christian Springs |                                                                              |
| CITY-ST-ZIP    | Lithonia, GA 30038     |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          | Piper Davis Director   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                                                              |
| STREET ADDRESS | 3234 Christian Springs |                                                                              |
| CITY-ST-ZIP    | Lithonia, GA 30038     |                                                                              |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

9/10/13