

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90083 010 ****70.00

DOCUMENT # N02000000782 1. Entity Name SANCTUARY OF HOPE COMMUNITY CHURCH, INC.					
Principal Place of Business 1814 COOLIDGE AVE SANFORD, FL 32771				Mailing Address P.O BOX 884 SANFORD, FL 32772	
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 02-0535489	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAHAM, VIOLA J 1814 COOLIDGE AVE SANFORD, FL 32771			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT SCURRY, VERONICA D <input type="checkbox"/> Delete 717 SECRET HARBOR LN #313 LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT Scurry, Veronica D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1814 Coolidge Ave Sanford, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT MASTER, JOYETTE <input type="checkbox"/> Delete 2755 ARRAGON TERR LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ASH, WILLIE <input checked="" type="checkbox"/> Delete PO BOX 470063 LAKE MONROE, FL 32747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Master, Phillip B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2755 Arragon Terr Lake Mary, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Rev. Viola J. Graham</i> Rev. Viola J. Graham 1/18/05 407 333-9315 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					