


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 02-0535489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, VIOLA J
1814 COOLIDGE AVE
SANFORD, FL 32771**

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT SCURRY, VERONICA D 1814 COOLIDGE AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT MASTER, JOYETTE 2755 ARRAGON TERR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MASTER, PHILLIP B 2755 ARRAGON TERR LAKE MARY, FL 32746
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03/10/06-80042-015 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Viola J. Graham **2/22/06 401-323-9315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #