

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000004011**

1. Entity Name  
**THE SANCTUARY: A PLACE OF HOPE FOR WOMEN,  
INC.**



Principal Place of Business  
**7603 ELPASEO COURT  
TAMPA, FL 33615**

Mailing Address  
**7603 ELPASEO COURT  
TAMPA, FL 33615**



01272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3061901**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LAYTON, JUDY  
7603 ELPASEO COURT  
TAMPA, FL 33615**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LAYTON, JUDY  
7603 ELPASEO COURT  
TAMPA, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
RICHARDS, CINDY  
915 S HIMES AVE  
TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CARYER, LUCY  
4506 GOLFWOOD BLVD  
TAMPA, FL 33634**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CHANDLER, JAN  
7708 JACKSON SPRGS RD  
TAMPA, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000069652  
03/01/04-80019-011 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

*Judy Layton, Judy Layton* 2/24/04 813-884-1346