2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 29, 2007 8:00 am

DOCUMENT # N0200004011 1. Entity Name THE SANCTUARY: A PLACE OF HOPE FOR WOMEN, INC.				Secretary of State 03-29-2007 90018 020 ****70.00				
Principal Place of Business Mailing Address 7603 ELPASEO COURT 7603 ELPASEO COURT TAMPA, FL 33615 TAMPA FL 33615						PK 47741 PK071 (11		
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address P.D. BOX 260	3. Mailing Address P.O. BOX 260572					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272007 Chg	-NP CR2E03	37 (12/06)		
City & State		Tampa, FL		4. FEI Number 75-3061901		No	optied For ot Applicable	
Zip	Country	33685-0572	Country	5. Certificate of State	US DESILOO	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Addre	ss of New Registered /	Agent		
LAYTON, JUDY 7603 ELPASEO COURT				Name Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, F	L 33615							
			City		FL	Zip Code	a	
	named entity submits this statement fi ions of registered agent. Signature, typed or printed name of registered ager		Registered Agent signature requir		E. State	 .	and accept	
			regissared Agent signature requi	red when reinstating)	DAŤÉ ₂ ÷	فية عل		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make check Florida Depar	payable to		
10.	-	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make check	payable to	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-2IP	Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees	Make check Florida Depar	payable to	tate	
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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.

GNATURE:

SIGNATURE TO REPORT PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

Despire Phone 8

SIGNATURE: