

FILED
Mar 29, 2007 8:00 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address P.O. Box 260572 Suite, Apt. #, etc. City & State Tampa, FL Zip 33685-0572 Country		
6. Name and Address of Current Registered Agent				Name Street Address City	
LAYTON, JUDY 7603 ELPASEO COURT TAMPA, FL 33615					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAYTON, JUDY 7603 ELPASEO COURT TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDS, CINDY 915 S HIMES AVE TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARYER, LUCY 4506 GOLFWOOD BLVD TAMPA, FL 33634	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANDLER, JAN 7708 JACKSON SPRGS RD TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Judy W. Layton</i> <i>Judy LA</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					