

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004176

**FILED
Jan 26, 2004
Secretary of State****Entity Name:** THE SANCTUARY COUNSELING RESOURCE CENTER, INC.**Current Principal Place of Business:**17120 NW 42ND CT
MIAMI, FL 330554413**New Principal Place of Business:**2338 PIERCE ST
HOLLYWOOD, FL 33020**Current Mailing Address:**17120 NW 42ND CT
MIAMI, FL 330554413**New Mailing Address:**2338 PIERCE ST
HOLLYWOOD, FL 33020

FEI Number: 03-0441470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SINCLER-MACK, JOANNE
17120 NW 42ND CT
MIAMI, FL 330554413 US**Name and Address of New Registered Agent:**MARTINEZ, SARAH
2338 PIERCE ST
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: SARAH MARTINEZ

01/26/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: MARTINEZ, NILDA
Address: 4751 SW 31ST DRIVE
City-St-Zip: HALLANDALE, FL 33014Title: DS () Delete
Name: FLOYD, MAMIE
Address: 1313 NW 96TH STREET
City-St-Zip: MIAMI, FL 33147Title: DT () Delete
Name: HALL, VALERIE
Address: 2264 SW 117TH AVE
City-St-Zip: MIRAMAR, FL 33025Title: CEO () Delete
Name: SNICKLER-MACK, JOANNE
Address: 17120 N W 42ND CT
City-St-Zip: MIAMI, FL 33055**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: MARTINEZ, NILDA
Address: 2300 PIERCE ST. APT. #14A
City-St-Zip: HOLLYWOOD, FL 33020Title: DV (X) Change () Addition
Name: FLORES, ANDRES
Address: 203 W 103 ST APT # 5C
City-St-Zip: NEW YORK, NY 10025Title: DT (X) Change () Addition
Name: JOSEPH, RUTH
Address: 6481 SCOTT ST
City-St-Zip: HOLLYWOOD, FL 33024Title: DS (X) Change () Addition
Name: MARTINEZ, SARAH
Address: 2338 PIERCE ST
City-St-Zip: HOLLYWOOD, FL 33020

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NILDA MARTINEZ

DP

01/26/2004

Electronic Signature of Signing Officer or Director

Date