

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006875

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: INTO-ITIONS SANCTUARY, INC.

**Current Principal Place of Business:**

4400 WEST SAMPLE  
244  
COCONUT CREEK, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

108 S. CORTEZ DRIVE  
R  
MARGATE, FL 33068

**New Mailing Address:**

FEI Number: 56-2314477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAZELTON, DEBBIE  
108 S CORTEZ DRIVE  
R  
MARGATE, FL 333068 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: CLARK, DESMOND OFFICER  
Address: 108 S CORTEZ DRIVE CIRCLE R  
City-St-Zip: MARGATE, FL 33068

Title: DIR ( ) Delete  
Name: HAZELTON, DEBBIE OFFICER  
Address: 108 S CORTEZ DRIVE CIRCLE R  
City-St-Zip: MARGATE, FL 33068

Title: DIR ( ) Delete  
Name: VOLKER, MARILYN DR.  
Address: 1111 VENETIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: CLARK, DESMOND OFFICER  
Address: 608 FLORIDA AVENUE  
City-St-Zip: DOTHAN, AL 36303

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE HAZELTON

DIR

03/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date