## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006779

28077 SW 143 CT

MIAMI, FL 33032

Address:

City-St-Zip:

the Name: SANCTHARY LOVING CARE CENTER

FILED Apr 30, 2004 Secretary of State

Entity Name: SANCTUARY LOVING CARE CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 14840 SW 181 TER MIAMI, FL 33187 **Current Mailing Address: New Mailing Address:** 14840 SW 181 TER MIAMI, FL 33187 FEI Number: 13-1588963 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALEXANDRE, RICHARDSON 14840 SW 181 TER MIAMI, FL 33187 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEDAN, MERENA Name: Name: Address: 4360 NW 6 ST Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: Title: ( ) Delete () Change () Addition THURMOND, MILA Name: Name: Address: 1702 SW 7 ST Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: () Delete Title: () Change () Addition LOUIS, HERRICK Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RICHARDSON ALEXANDRE CEO 04/30/2004