

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001570

FILED  
May 02, 2007  
Secretary of State

Entity Name: SANCTUARY FOR HEALING, INC.

## Current Principal Place of Business:

401 RIVIERA ISLE DRIVE  
601  
FT LAUDERDALE, FL 33301

## New Principal Place of Business:

## Current Mailing Address:

1915 WASHINGTON ST #1668  
#1668  
DENVER, CO 80203

## New Mailing Address:

13910 OLD HARBOR LANE  
#208  
MARINA DEL REY, CA 92092

FEI Number: 71-0965058      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

WALKER, BARBARA  
401 RIVIERA ISLE DR, #601  
FT LAUDERDALE, FL 33301      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: P      ( ) Delete  
Name: MICHELE, SUSAN  
Address: 1915 WASHINGTON ST #1668  
City-St-Zip: DENVER, CO 80203

Title: VP      ( ) Delete  
Name: WALKER, BARBARA  
Address: 401 RIVIERA ISLE DR, #601  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: T      ( ) Delete  
Name: STRINGFIELD, DAVID  
Address: 3500 GALT OCEAN DR, # 506  
City-St-Zip: FT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: MICHELE, SUSAN  
Address: 13910 OLD HARBOR LANE #208  
City-St-Zip: MARINA DEL REY, CA 90292

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

Title: T      (X) Change ( ) Addition  
Name: TYSON, NANCY  
Address: 5360 HIGHLAND DRIVE  
City-St-Zip: TRAVERSE CITY, MI 49684

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUSAN MICHELE

PRES

05/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date