2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009243

FILED Feb 08, 2005 Secretary of State

Entity Name: THE SANCTUARY OF TAMPA BAY, INC.

Current Principal Place of Business: New Principal Place of Business: 27610 BREAKERS DRIVE WESLEY CHAPEL, FL 33543 **Current Mailing Address: New Mailing Address:** 27610 BREAKERS DRIVE WESLEY CHAPEL, FL 33543 FEI Number: 61-1476496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BULL, DEREK M TREAS 27610 BREAKERS DRIVE US WESLEY CHAPEL, FL 33543 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: () Change () Addition () Delete SUTTON, HILTON, PH.D. PRES Name: Name: POST OFFICE BOX 1259 Address: Address: City-St-Zip: NEW CANEY, TX 77357 City-St-Zip: Title: Title: () Delete () Change () Addition JENNINGS, FRANCES V.P. Name: Name: Address: 1746 W. SAINT JOSEPH STREET Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: DIR. () Delete Title: () Change () Addition ROGERS, JOEY SECT. Name: Name: 3318 KING CHARLES CIRCLE Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: **BULL, DEREK M TREAS** Name: Address: 27610 BREAKERS LANE Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip: Title: DIR () Delete Title: () Change () Addition FOSTER, TIMOTHY, PH.D. CHAIRMN Name: Name: 1656 HAMILTON Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition KELLEY, JAMES T Name: Name: Address: 7504 JONES ROAD Address: ODESSA, FL 33556 City-St-Zip: 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: DEREK M. BULL TREA 02/08/2005