


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90035 024 \*\*\*\*70.00

<b>DOCUMENT # N04000009243</b>	
1. Entity Name <b>THE SANCTUARY OF TAMPA BAY, INC.</b>	

Principal Place of Business <b>27610 BREAKERS DRIVE WESLEY CHAPEL, FL 33543</b>	Mailing Address <b>27610 BREAKERS DRIVE WESLEY CHAPEL, FL 33543</b>
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2. Principal Place of Business <b>7320 E. FLETCHER AVE</b>	3. Mailing Address <b>2551 BRIMHOLLOW DR.</b>
Suite, Apt. #, etc. <b>140</b>	Suite, Apt. #, etc.

City & State <b>TAMPA, FL.</b>	City & State <b>VALRICO, FL.</b>
Zip <b>33637</b>	Zip <b>33594</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>



01132006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>61-1476496</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BULL, DEREK M TREAS 27610 BREAKERS DRIVE WESLEY CHAPEL, FL 33543</b>	
7. Name and Address of New Registered Agent Name <b>DR. RONALD H. CLARK, CHAIRMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2551 BRIMHOLLOW DR.</b> City <b>VALRICO</b> FL Zip Code <b>33594</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DR. RONALD H. CLARK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/22/06**

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. SUTTON, HILTON, PH.D. PRES POST OFFICE BOX 1259 NEW CANEY, TX 77357 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JENNINGS, FRANCES V.P. 1746 W. SAINT JOSEPH STREET TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. ROGERS, JOEY SECT. 3318 KING CHARLES CIRCLE SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BULL, DEREK M TREAS 27610 BREAKERS LANE WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FOSTER, TIMOTHY, PH.D. CHAIRMN 1656 HAMILTON DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KELLEY, JAMES T 7504 JONES ROAD ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DR. RONALD H. CLARK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/06**

Date

**813-789-1721**

Daytime Phone #