

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003086

FILED
Mar 17, 2007
Secretary of State

Entity Name: THE SOUL SANCTUARY, INC.

Current Principal Place of Business:

151 NORTH NOB HILL ROAD
SUITE 243
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

151 NORTH NOB HILL ROAD
SUITE 243
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 84-1676601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINKSTON, MARIA L
151 NORTH NOB HILL ROAD
SUITE 243
PLANTATION, FL 33324 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: T () Delete
Name: BORDERS-BYRD, CYNTHIA
Address: 5300 NORTHWEST 66 AVENUE
City-St-Zip: LAUDERHILL, FL 33319

Title: VC () Delete
Name: JOHNSON, CLARICE
Address: 4552 WOKKER DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: FPCC () Delete
Name: PINKSTON, MARIA L
Address: 151 NORTH NOB HILL ROAD SUITE 243
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: BELL, EDWINA H
Address: 460 WESTREE LANE
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: EDWARDS, DANIELLE
Address: 2701 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: HAMILTON, M.D., EDWIN REV.
Address: 1201 NORTHWEST 75 TERRACE
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: MARIA PINKSTON

PRES

03/17/2007

Electronic Signature of Signing Officer or Director

Date