

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 24, 2007 8:00 am
Secretary of State

04-02-2007 90096 014 ****61.25

DOCUMENT # N06000009552 1. Entity Name SANCTUARY SOUTH, INC.					
Principal Place of Business 1813 SW IMPORT DRIVE PORT SAINT LUCIE FL 34953			Mailing Address 1813 SW IMPORT DRIVE PORT SAINT LUCIE FL 34953		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent SMITH, BARBARA 1813 SW IMPORT DRIVE PORT SAINT LUCIE FL 34953			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Barbara Smith</u> DATE <u>5/2/07</u> Signature, typed or printed name of registered agent and their applicable (NOTE: Registered Agents signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PRES NAME Barbara Smith STREET ADDRESS 1813 SW IMPORT DR CITY-STATE-ZIP PORT ST. LUCIE FL 34953	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE V-PRES NAME ROGER R. Smith STREET ADDRESS 1813 SW IMPORT DR CITY-STATE-ZIP PORT ST. LUCIE, FL 34953	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Barbara Smith</u> BARBARA Smith			Date <u>3/21/07</u> 772 7136964		