

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002640

FILED
Feb 19, 2008
Secretary of State

Entity Name: THE SANCTUARY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

9332 NW 24TH PLACE
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

9332 NW 24TH PLACE
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 20-8699943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, THOMAS S PASTOR
9332 NW 24TH PLACE
SUNRISE, FL 33322 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: PD () Delete
Name: BROWN, THOMAS S PASTOR
Address: 9332 NW 24TH PLACE
City-St-Zip: SUNRISE, FL 33322

Title: VD () Delete
Name: LASHANDA, CO-PASTOR
Address: 9332 NW 24TH PLACE
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: ALLEN, DEBRA A DR.
Address: 890 NW 168TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: WILLIAMS, MARCUS V
Address: 7400 POWERS AVE APT 383
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: MYERS, ADRIAN
Address: 418 DR. MARTIN LUTHER KING BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BROWN, LASHANDA D PASTOR
Address: 9332 NW 24TH PLACE
City-St-Zip: SUNRISE, FL 33322

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

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

Title: D (X) Change () Addition
Name: MYERS, ADRIANNE L
Address: 418 DR. MARTIN LUTHER KING BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

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: LASHANDA D. BROWN

VD

02/19/2008

Electronic Signature of Signing Officer or Director

Date