

# 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