## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000002640

Apr 30, 2011 Secretary of State

Entity Name: THE SANCTUARY OF SOUTH FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

8670 PASADENA BOULEVARD PEMBROKE PINES, FL 33024 US

**Current Mailing Address: New Mailing Address:** 

8670 PASADENA BOULEVARD PEMBROKE PINES, FL 33024 US

FEI Number: 20-8699943 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, THOMAS S PASTOR 8670 PASADENA BOULEVARD PEMBROKE PINES, FL 33024 US

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:**

BROWN, THOMAS S PASTOR Name: Address: 8670 PASADENA BOULEVARD City-St-Zip: PEMBROKE PINES, FL 33024 US

Title:

Name: BROWN, LASHANDA D PASTOR Address: 8670 PASADENA BOULEVARD City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: ВМ

ALLEN, DEBRA A DR. Name: Address: 890 NW 168TH AVE

City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: вм

Name: WILLIAMS, MARCUS V Address: 7400 POWERS AVE APT 383 City-St-Zip: JACKSONVILLE, FL 32217 US

Title:

NEWMAN, SHERIKA S DR. Name: 4174 INVERRARY DRIVE #512 Address: City-St-Zip: LAUDERHILL, FL 33319 US

I hereby 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 all other like empowered.

SIGNATURE: LASHANDA BROWN VD 04/30/2011