

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90141 045 \*\*\*\*61.25

DOCUMENT # *N33533*

1. Entity Name

*THE SANCTUARY FAMILY WORSHIP CENTER, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*349 SE Port St. Lucie Blvd.*

3. Mailing Address

*P.O. Box 880535*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Port St. Lucie, FL*

City & State

*Port St. Lucie, FL*

City & State

4. FEI Number

*592469307*

Applied For

Not Applicable

Zip

*34984*

Country

*USA*

Zip

*34988*

Country

*USA*

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*James E.C. Turner*

Street Address (P.O. Box Number is Not Acceptable)

*274 SW Grove Ave.*

City

*Port St. Lucie*

FL

Zip Code

*34983*

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*James E.C. Turner - President*

*04/10/02*

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*PD  
Rev. James E.C. Turner  
274 SW Grove Ave.  
Port St. Lucie, FL 34983*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*D  
Don Turner II  
1100 SE Mitchell Ave. Unit 304  
Port St. Lucie, FL 34952*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*D  
Jack Bates  
1827-B Stoneyway Ln.  
FL. Ponce, FL*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*ST  
Deidre D. Turner  
274 SW Grove Ave.  
Port St. Lucie, FL 34983*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James E.C. Turner*

*04/10/02*

*501-878-0987*

CR2E037B (12/01)