

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33533

FILED
Feb 24, 2004
Secretary of State**Entity Name:** THE SANCTUARY FAMILY WORSHIP CENTER, INC.**Current Principal Place of Business:**357 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US**New Principal Place of Business:**101 SW GLENWOOD DR.
PORT ST. LUCIE, FL 34984 US**Current Mailing Address:**PO BOX 880535
PORT ST. LUCIE, FL 349880535 US**New Mailing Address:****FEI Number:** 59-2469307 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TURNER, JAMES E
274 SW GROVE AVE
PORT ST LUCIE, FL 34983 US**Name and Address of New Registered Agent:**TURNER, JAMES E
101 SW GLENWOOD DR.
PORT ST LUCIE, FL 34984 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: JAMES E.C. TURNER

02/24/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: TURNER, JAMES REV.
Address: 274 SW GROVE AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983**Title:** D () Delete
Name: TURNER, DON II
Address: 1100 SE MITCHELL AVE #304
City-St-Zip: PORT SAINT LUCIE, FL 34952**Title:** ST () Delete
Name: TURNER, DEIDRE
Address: 274 SN GROVE AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983**Title:** D () Delete
Name: BATES, JACK
Address: 2827 -B STONEWAY LANE
City-St-Zip: FT. PIERCE, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: TURNER, JAMES E REV.
Address: 101 SW GLENWOOD DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984**Title:** D (X) Change () Addition
Name: TURNER, DON T II
Address: 161 SE FALLON DR.
City-St-Zip: PORT SAINT LUCIE, FL 34983**Title:** ST (X) Change () Addition
Name: TURNER, DEIDRE D
Address: 101 SW GLENWOOD DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984**Title:** D (X) Change () Addition
Name: BATES, JACK M
Address: 2827 -B STONEWAY LANE
City-St-Zip: FT. PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES E.C. TURNER

PD

02/24/2004

Electronic Signature of Signing Officer or Director

Date