

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33533

FILED
Jun 12, 2006
Secretary of State

Entity Name: THE SANCTUARY FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

407 FLORIDA AVE.
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8075
PORT ST. LUCIE, FL 34985 US

New Mailing Address:

101 SW GLENWOOD DR.
PORT ST. LUCIE, FL 34984 US

FEI Number: 59-2469307 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TURNER, JAMES E
101 SW GLENWOOD DR.
PORT ST LUCIE, FL 34984 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: TURNER, JAMES E REV.
Address: 101 SW GLENWOOD DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VP () Delete
Name: TURNER, DEIDRE T II
Address: 101 SW GLENWOOD DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: ST () Delete
Name: CRUZ, DAWN M
Address: 2601 SW CHESSNUT LN
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: BATES, JACK M
Address: 5105 S. RUGBY
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: OAKS, JONATHAN
Address: 2311SW RAQUET CLUB DR.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

PD

06/12/2006

Electronic Signature of Signing Officer or Director

Date