

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N33533

FILED  
Nov 21, 2008  
Secretary of State

**Entity Name:** THE SANCTUARY FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

6640 S US 1  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

5555 NW ST JAMES DRIVE  
PORT ST LUCIE, FL 34983 US

**Current Mailing Address:**

6640 S. US 1  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

5555 NW ST JAMES DRIVE  
PORT ST LUCIE, FL 34983 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:**

MCCASKILL, RONALD  
6640 S. US 1  
PORT ST LUCIE, FL 34952 US

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

MCCASKILL, RONALD  
5555 NW ST JAMES DRIVE  
PORT ST LUCIE, FL 34983 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: RONALD MCCASKILL

11/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCASKILL, RONALD REV.  
Address: 6640 S. US 1  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP ( ) Delete  
Name: MCCASKILL, LINDA  
Address: 6640 S. US 1  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: STD ( ) Delete  
Name: HOOD, LYNN  
Address: 5555 ST JAMES DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete  
Name: MCCUTCHEN, JOE  
Address: 6640 S. US1  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete  
Name: DOGGETT, GERALD  
Address: P.O. BOX 608091  
City-St-Zip: ORLANDO, FL 32860

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCCASKILL, RONALD REV.  
Address: 5555 NW ST JAMES DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP (X) Change ( ) Addition  
Name: MCCASKILL, LINDA  
Address: 5555 NW ST JAMES DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: STD (X) Change ( ) Addition  
Name: HOOD, LYNN  
Address: 5555 NW ST JAMES DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D (X) Change ( ) Addition  
Name: MCCUTCHEN, JOE  
Address: 5555 NW ST JAMES DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

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: RONALD MCCASKILL

PD

11/21/2008

Electronic Signature of Signing Officer or Director

Date