

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47813

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE SANCTUARY OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

120 EAST 8TH STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3301
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3108041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, VICKY
120 EAST 8TH STREET
JACKSONVILLE, FL 32206 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: MR. () Delete
Name: SIZEMORE, MARK PRES.
Address: 4800 DEERWOOD CAMPUS, DCC-3-4
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MR () Delete
Name: ALLEN, JOHN VICE PR
Address: 7220 FINANCIAL WAY, #400
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MS. () Delete
Name: GUINE, NAITA B SECR.
Address: 3939 ROOSEVELT BLVD.,B101
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MRS. () Delete
Name: WEEDER, RADHA TREAS.
Address: 5495 FORT CAROLINE RD
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: REV. () Delete
Name: HOFF, WILLIAM CHAPLAI
Address: 8701 ARGYLE FOREST BLVD.
City-St-Zip: JACKSONVILLE, FL 32244 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: SIZEMORE, MARK P
Address: 4800 DEERWOOD CAMPUS, DCC-3-4
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MR (X) Change () Addition
Name: ROSENBERG, MARK L VP
Address: 554 LOMAX STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MS. (X) Change () Addition
Name: GUINE, NAITA B S
Address: 3939 ROOSEVELT BLVD.,B101
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MRS. (X) Change () Addition
Name: WEEDER, RADHA T
Address: 136 N. MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204 US

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: MARK SIZEMORE

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date