

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90017 040 \*\*\*\*61.25

**DOCUMENT # N92000000965**

1. Entity Name

THE SANCTUARY INC.



Principal Place of Business

2330 WILTON DR  
WILTON MANORS FL 33305  
US

Mailing Address

2330 WILTON DR  
WILTON MANORS FL 33305  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0380515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZAHEREK, ANDREW R  
2029 N OCEAN BLVD  
#106  
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name **ZAHEREK, ANDREW REV.**

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

**2330 WILTON DR.**

City **WILTON MANORS** FL Zip Code **33305**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rev. Andrew Zaherek*  
Signature, typed or printed name of registered agent and title if applicable.

**REV. ANDREW ZAHEREK**

**02-15-04**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ZAHEREK, ANDREW REV**  
STREET ADDRESS **2029 N OCEAN BLVD #106**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE **D** ☐ Delete  
NAME **WINSTON, GREGG**  
STREET ADDRESS **1439 NE 53RD ST**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **D** ☐ Delete  
NAME **ZAHEREK, DIANE**  
STREET ADDRESS **2029 N OCEAN BLVD #106**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition  
NAME **ZAHEREK, ANDREW REV**  
STREET ADDRESS **2330 WILTON DR,**  
CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition  
NAME **ZAHEREK, DIANE**  
STREET ADDRESS **2855 NE 30TH ST,**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33306**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Andrew Zaherek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REV. ANDREW ZAHEREK** **02-15-04**  
Date Daytime Phone #

**954-309-5146**