

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000935 (5)

1. Corporation Name

SANCTUARY, CENTER FOR SPIRITUAL EXPLORATION, INC

Principal Place of Business

173 N.W. 88 STREET
MIAMI FL 33150

Mailing Address

173 N.W. 88 STREET
MIAMI FL 33150



3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

ST. ALBIN, YVON
173 N.W. 88 STREET
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

*11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ST. ALBIN, YVON
STREET ADDRESS 173 N.W. 88 STREET
CITY - ST - ZIP MIAMI FL 33150

☐ DELETE

TITLE V
NAME ST. ALBIN, VERONICA
STREET ADDRESS 173 N.W. 88 STREET
CITY - ST - ZIP MIAMI FL 33150

☐ DELETE

TITLE S
NAME ST. ALBIN, PIERRE
STREET ADDRESS 10 RUE JOUBOIS
CITY - ST - ZIP PORT-AU-PRINCE, HAITI

☐ DELETE

TITLE T
NAME ALEXANDRE, CLAUDY
STREET ADDRESS 8 IMPASSE WIENER, BOURDON
CITY - ST - ZIP PORT-AU-PRINCE, HAITI

☐ DELETE

TITLE VT
NAME ALEXANDRE, MAGALIE DR.
STREET ADDRESS AVENUE POULPAR RUELLE CARAVELLE #5
CITY - ST - ZIP PORT-AU-PRINCE, HAITI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Yvon St Albin Yvon ST-Albin

Date

5/31/96

Daytime Phone

758-6861

CR2E037 (12/95)