

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90023 002 ****61.25

DOCUMENT # N96000000212

1. Entity Name

LIVING SANCTUARY, INC.



Principal Place of Business

**1801 N. LOCKWOOD RIDGE RD.
SARASOTA FL 34234
US**

Mailing Address

**1801 N. LOCKWOOD RIDGE RD.
SARASOTA FL 34234
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0694604**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NAWARA, DANIEL D
1801 N. LOCKWOOD RIDGE RD.
SARASOTA FL 34234**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 NAME	P/D NAWARA, DANIEL D	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	1801 N. LOCKWOOD RIDGE RD. SARASOTA FL 34234	
TITLE NAME	D CORDER, VERNON W JR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	1801 N. LOCKWOOD RIDGE RD. SARASOTA FL 34234	
TITLE NAME	D CORNEAU, PERRY J	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	1801 N. LOCKWOOD RIDGE RD. SARASOTA FL 34234	
TITLE NAME	STD JOHNSON, DAVID G	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	1801 N. LOCKWOOD RIDGE RD. SARASOTA FL 34234	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	V/D NAWARA, FAITH E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	1801 N. LOCKWOOD RIDGE RD. SARASOTA, FL. 34234	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Living Sanctuary Inc 3-3-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)