2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N97000003218

Entity Name: SANCTUARY MISSION, INC.

Current Principal Place of Business:

7463 W GROVER CLEVELAND BLVD
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

7463 W GROVER CLEVELAND BLVD
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 59-3447051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GENZ, VICTORIA M
4404 SE 6TH WAY
BUSHNELL, FL 33513 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:	PD	( ) Delete
Name:	GENZ, PAUL	
Address:	4404 SE 6TH WAY	
City-St-Zip:	BUSHNELL, FL 33513	
Title:	EVP	( ) Delete
Name:	GOLDSTEIN, BYRON J	
Address:	3909 SOUTH SWAN TERRACE	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	S	( ) Delete
Name:	HOLCOMB, DONALD	
Address:	2534 E STEVEN STREET	
City-St-Zip:	INVERNESS, FL 34453	
Title:	D	( ) Delete
Name:	SIPES, JOHN	
Address:	2458 NE 47TH STREET	
City-St-Zip:	OCALA, FL 34479	
Title:	D	( ) Delete
Name:	KOERNER, SUZANNE	
Address:	118 N.E. 2ND STREET	
City-St-Zip:	CRYSTAL RIVER, FL 34429	
Title:	T	( ) Delete
Name:	TREMBLY, BARBARA	
Address:	13275 KITTY RD	
City-St-Zip:	BROOKSVILLE, FL 34614	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BYRON J GOLDSTEIN EVP 03/20/2009

Electronic Signature of Signing Officer or Director — Date