## PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

		FLEASE READ	ALL ING I	HUCII	CNO	DEPONE C	ONFLET	ING THIS FO	יועורוי.		
	PLICAT FOR STATE	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS				S TA	FILED ECRETARY OF LLAHASSEE, I	STATE '			
DOCU	JMENT	r# <b>N9700</b> 0	0	OCT 25 PM	2: 44						
SANCTUARY - THE HOUSE OF THE LORD, INC.							10	000046 -11/15/0: *****236	797212 101004003 .25 ****236.25		
Principal Pl	ace of Busine	ess	Mailing Addr	988			1	*****COU	20		
	NCY SQUARE ILLE FL 32225		9570 REGENCY SQUARE BLVD JACKSONVILLE FL 32225								
If above addresses are incorrect in any way, line through incorrect information and enter correction  2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.							4. Date Incorporated or Qualified				
							To Do Busir	ness in Florida	09/11/1997		
Suite, Apt. #, etc. Suite, Apr				≠, etc.			5. FEI Number	r .	Applied For		
City & State City & Sta				<u> </u>				59-3467593	Not Applicable		
Zip Country			Zip Country			v	6. CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee requirements for a Certificate of Status				
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	it corpora	tions must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip		
D	2 CENAC, DWIGHT			9570 REGENCY SQ BLVD				JACKSONVILLE F	L 32225		
	02.010, 5.110										
. <del>D</del>	LARA, RAYMOND S			9570 REGENCY SQ BLVD				JACKSONVILLE-E	L 32225		
D	GYLAND, STEPHEN P			9570 REGENCY SQ BLVD				JACKSONVILLE F	L 32225		
D	SIMPSON, JERRY			9570 REGENCY SQUARE BLVD				JACKSONVILLE F	L 32225		
D	BARKER, PAUL D.				Re6	EHCY SQU	ALE BLUL	D JACKS	32725 NUILLE, FL		
			•						-		
	8. Nam	e and Address of Current I	Registered Age	nt			9. Name and A	Address of New Regis	stered Agent		
- LARA, RAYMOND S - 9570 REGENCY SO BLVD - JACKSONVILLE FL 92225					-,	Name BARKER, PAUL D. Street Address (P.O. Box Number is Not Acceptable) 9570 REGENCY SQUARE Suite, Apt. #, Etc.  City PACICSONUILLE State 721p Code FL 32225					
	<del></del>		· · · · · · · · · · · · · · · · · · ·			JACICSON		·	FL 32225		
10. I, being	appointed the	e registered agent of the abo	·		amiliar wi	th and accept the ob	ofigations of Secti	on 607.0505, F.S.			

		<b>,</b>			-11/15/0101004003 ****236.25 ****236.25		
Principal Place of Business	Mailing Addre	ess		-	****235.25 *****235.25		
9570 REGENCY SQUARE BLVD JACKSONVILLE FL 32225	9570 REGENO JACKSONVILI	CY SQUARE BLVD LE FL 32225					
If above addresses are incorrect in any way, line thr				HEIN	STATEMENT DI		
2. New Principal Office Address, If Applicable	3. New Maili	ng Office Address, If	Applicable	Date Incorporated or Qualified     To Do Business in Florida     09/11/1997			
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. FEI Number		$\dashv$	
City & State	City & State			-	59-3467593 Not Applicable	j	
Zip Country	Zip	Country	у	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			
7. Names and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpora	itions must list at lea	st 3 directors)			
Title(s) Name of Officers and/or Directors				<u> </u>	City / State / Zip		
D CENAC, DWIGHT	CENAC, DWIGHT				JACKSONVILLE FL 32225		
D LARA, RAYMOND S		9570 REGENCY	SO BLVD		JACKSONVILLE FL 32225	7	
D GYLAND, STEPHEN P		9570 REGENCY	SQ BLVD		JACKSONVILLE FL 32225	1	
D SIMPSON, JERRY		9570 REGENCY SQUARE BLVD			JACKSONVILLE FL 32225		
D BARKER, PAUL D	)_	9570 REGENCY SQUARE BL			32225 D JACKSONUILLE, FL	1	
8. Name and Address of Current	Registered Age	nt	Name	9. Name and Address of New Registered Agent			
LARA, RAYMOND S		1.0	BARK	$\epsilon R$ , $P_{\gamma}$	is Not Acceptable)	- (8/0	
-9570 REGENCY SQ BLVD			9570 R Suite, Apt. #, Etc.	EGENICY	SQUARE BLUD-	CHZEO	
			SACICSON	WILLE	State Zip Code FL 3225		
10. I, being appointed the registered agent of the abo	ove named corpo	ration, am familiar wi			on 607.0505, F.S.		
Signature of Registered Agent Pul &	arku		m in North State		Date Otober 23, 2001		
11 Legitify that I am an officer or director or the recei		ENT MUST SIGN	this application as a	rouided for in the	inter 607 or 617 E.S. I further continue that when filling	$\exists$	

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Paul & Paul D. BARKER 10/23/2001 (904) 725-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date