

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90020 049 \*\*\*\*61.25

**DOCUMENT # N97000005165**

1. Entity Name

**SANCTUARY - THE HOUSE OF THE LORD, INC.**



Principal Place of Business

**9570 REGENCY SQUARE BLVD  
JACKSONVILLE, FL 32225**

Mailing Address

**9570 REGENCY SQUARE BLVD  
JACKSONVILLE, FL 32225**



04092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3467593**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARINUCCI, ANTHONY F  
9570 REGENCY SQ BLVD  
JACKSONVILLE, FL 32225**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CENAC, DWIGHT
STREET ADDRESS	9570 REGENCY SQ BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	BARKER, PAUL D
STREET ADDRESS	9570 REGENCY SQ BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	GYLAND, STEPHEN P
STREET ADDRESS	9570 REGENCY SQ BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	SIMPSON, JERRY
STREET ADDRESS	9570 REGENCY SQUARE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	MARINUCCI, ANTHONY F
STREET ADDRESS	9570 REGENCY SQUARE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANTHONY F. MARINUCCI**

**DIRECTOR**

**4/17/08**

Date

**904.725.7100**

Daytime Phone #