

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004521

FILED
Jan 20, 2007
Secretary of State

Entity Name: SANCTUARY OF HOPE, INC.

Current Principal Place of Business:

4932 HOLLY BAY WAY
ORLANDO, FL 32829

New Principal Place of Business:

5955 SCOTCHWOOD GLEN
LAKEVIEW CLUBHOUSE
ORLANDO, FL 32822

Current Mailing Address:

4932 HOLLY BAY WAY
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 59-3527858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAUTIER, HAGGEO JR.
4932 HOLLY BAY WAY
ORLANDO, FL 32829 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: P () Delete
Name: GAUTIER, HAGGEO JR
Address: 4932 HOLLY BAY WAY
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: HIGGINS_MILLER, CONNIE
Address: 16530 S.W. 299TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: STEELE, HENRY M
Address: 808 W CENTRAL BLVD
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: GAUTIER, NIRSA
Address: 4932 HOLLY BAY WAY
City-St-Zip: ORLANDO, FL 32829

Title: D (X) Delete
Name: NATER, ANGEL
Address: 101 KASIK AVE
City-St-Zip: ORLANDO, FL 32824

Title: ST (X) Delete
Name: BEELER, TERESA
Address: 5960 SCOTCHWOOD GLEN #110
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: GAUTIER, HAGGEO JR
Address: 4932 HOLLY BAY WAY
City-St-Zip: ORLANDO, FL 32829

Title: TR (X) Change () Addition
Name: BEELER, TERESA
Address: 5960 SCOTCHWOOD GLEN #110
City-St-Zip: ORLANDO, FL 32822

Title: D (X) Change () Addition
Name: HIGGINS-MILLER, CONNIE
Address: 16530 S.W. 299TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: D (X) Change () Addition
Name: NATER, ANGEL
Address: 101 KASIK AVE
City-St-Zip: ORLANDO, FL 32824

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 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: TERESA BEELER

TR

01/20/2007

Electronic Signature of Signing Officer or Director

Date