


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005515
 1. Entity Name
SANCTUARY OF CHRIST INC.



Principal Place of Business
 1906 PEPPERWOOD PL.
 BRANDON, FL 33510

Mailing Address
 1906 PEPPERWOOD PL.
 BRANDON, FL 33510



DO NOT WRITE IN THIS SPACE

04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3707283

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, PEOLA A
 6815 INTERBAY BLVD., #3
 TAMPA, FL 33616

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1000000347361
 04/30/05-80111-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RILEY, PEOLA 1906 PEPPERWOOD PL. BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RILEY, MARCEILUS 1906 PEPPERWOOD PL. BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUOCO, TAMMEKKA 1906 PEPPERWOOD PL. BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT JACOBS, ONEIKKA 9210 STATESMAN RD. FT. BELVOIR, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Peola A Riley PEOLA A. Riley 4/27/05 (83) 571-5741
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #