

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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**



04272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/16/07-80079-022 61.25

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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

Date

Daytime Phone #