


**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 <b>1906 PEPPERWOOD PL. BRANDON, FL 33510</b>	Mailing Address <b>1906 PEPPERWOOD PL. BRANDON, FL 33510</b>
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**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3707283</b>	Applied For Not Applicable
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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 \_\_\_\_\_ (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 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	

U00000746743  
05/16/07-80079-022 61.25

**DO NOT WRITE  
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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** Peola A Riley **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 4/27/07 Daytime Phone # \_\_\_\_\_