


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000106919**

1. Entity Name  
**SANCTUARY OF FT. LAUDERDALE, INC.**



Principal Place of Business  
**2017 NE 21ST COURT  
 FORT LAUDERDALE, FL 33305-1519**

Mailing Address  
**2017 NE 21ST COURT  
 FORT LAUDERDALE, FL 33305-1519**

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**32-0020724**

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

6. Name and Address of Current Registered Agent

**SHOEMAKER, RICHARD L CPA  
 612 NE 26TH STREET  
 WILTON MANORS, FL 33305-1208**

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

U00000059950  
 02/23/04-80820-008-150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDBERG, PHILIP J
STREET ADDRESS	2017 NE 21ST COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 333051519
TITLE	D
NAME	MERINO, STEVEN D
STREET ADDRESS	2017 NE 21ST COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 333051519
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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 607, 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:** Philip J Goldberg Director 1/21/04 **954-561-0020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #