


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
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0020724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000059950 02/23/04-80020-008-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, PHILIP J 2017 NE 21ST COURT FORT LAUDERDALE, FL 333051519
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERINO, STEVEN D 2017 NE 21ST COURT FORT LAUDERDALE, FL 333051519
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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 #