


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000106919**  
 1. Entity Name  
**SANCTUARY OF FT. LAUDERDALE, INC.**



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

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03022005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**32-0020724**      Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

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 Goldberg      Philip Goldberg      3/1/05      954-561-0020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #