

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065557 (9)

1. Corporation Name

THE SANCTUARY OF GAINESVILLE, INC.



Principal Place of Business

2700 S.W. ARCHER ROAD
GAINESVILLE FL 32608

Mailing Address

P. O. BOX 14424
GAINESVILLE FL 32604
US

2. Principal Place of Business

2a. Mailing Address

21 6110 NW 1st PLACE

26 6110 NW 1st PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE A

27 SUITE A

City & State

City & State

23 GAINESVILLE FLORIDA

28 GAINESVILLE FLORIDA

Zip

Country

Zip

Country

24 32607

25

29 32607

30

9. Name and Address of Current Registered Agent

KNACK, JEFFREY L
2700 ARCHER ROAD
GAINESVILLE FL 32608

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

03/02/1995

4. FEI Number

59-3205211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6110 NW 1st PLACE SUITE A

83

84 City

GAINESVILLE

FL

85

Zip Code 32607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

JEFFREY KNACK

(NOTE: Registered Agent signature required when re-registering)

DATE

3/22/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KEOHANE, MARK J.
STREET ADDRESS 2700 ARCHER ROAD
CITY-ST-ZIP GAINESVILLE FL

TITLE TD ☐ DELETE

NAME KNACK, JEFFREY
STREET ADDRESS 2700 ARCHER ROAD
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☐ DELETE

NAME FRAZIER, ROBERT H.
STREET ADDRESS 2700 SW ARCHER RD
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ DELETE

NAME BARR, ELLIS L.
STREET ADDRESS 2700 SW ARCHER RD
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 6110 NW 1st PLACE SUITE A
1.4 CITY-ST-ZIP GAINESVILLE, FL 32607

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 6110 NW 1st PLACE SUITE A
2.4 CITY-ST-ZIP GAINESVILLE, FL 32607

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 6110 NW 1st PLACE SUITE A
3.4 CITY-ST-ZIP GAINESVILLE, FL 32607

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 6110 NW 1st PLACE SUITE A
4.4 CITY-ST-ZIP GAINESVILLE, FL 32607

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY KNACK

3/22/96

Date

352-33141668

Daytime Phone #

CR2E034 (12/95)