

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 21 1996 8:00 am  
Secretary of State

DOCUMENT # **S74411** (7)

1. Corporation Name

**SANCTUARY CENTRE, INCORPORATED**



Principal Place of Business

**1601 FORUM PLACE  
805  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**1601 FORUM PLACE  
805  
WEST PALM BEACH FL 33401  
US**

3. Date Incorporated or Qualified  
**08/20/1991**

3a. Date of Last Report  
**01/27/1995**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

22. City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

27. City & State

**28**

Zip

**29**

Country

**30**

4. FEI Number

**58-1975711**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

**MACKEY, WALTER J JR  
772 LAGOON DR  
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DPS  
KRUMM, WALTER T.  
4951 GULFSHORE BL NORTH  
NAPLES FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
KRUMM, WALTER T.  
4951 GULFSHORE BL NORTH  
NAPLES FL**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V  
MACKEY, WALTER J. JR.  
772 LAGOON DRIVE  
N. PALM BEACH FL**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**Director/Chairman  
Krumm, Walter T.  
4951 Gulfshore Blvd. N., PH301  
Naples, FL 33940-2685**

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

**Director/President  
Mackey, Walter J., Jr.  
772 Lagoon Drive  
North Palm Beach, FL 33408**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

**Secretary/Treasurer  
Williams, Edward S.  
6080 Terra Rosa Circle  
Boynton Beach, FL 33437**

☒ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

**700001788717  
-04/22/96-01046-007  
\*\*\*200.00**

☐ Change ☐ Addition

**4-21-96**

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96  
Date

407/684-8811  
Daytime Phone

CR2E034 (12/95)