

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004202

**Entity Name:** THE SACRED CIRCLE OF FLORIDA, INC.

**Current Principal Place of Business:**

4017 N BRANCH AVE  
TAMPA, FL 33603

**Current Mailing Address:**

4017 N BRANCH AVE  
TAMPA, FL 33603

**FEI Number:** 59-3619367

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MISSING, JOHN W  
1103 SHANNON ST.  
PLANT CITY, FL 33563 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSD  
Name MISSING, JOHN WMREV  
Address 1103 SHANNON ST  
City-State-Zip: PLANT CITY FL 33563

Title TD  
Name SHALHUB-DAVIS, MARY  
Address 1702 E LINDA ST  
City-State-Zip: PLANT CITY FL 33563

Title D  
Name MILLER, ALICE  
Address 1906 E SPENCER ST  
City-State-Zip: PLANT CITY FL 33563

Title D  
Name LOWMAN, KAREN E  
Address 4017 N BRANCH AVE  
City-State-Zip: TAMPA FL 33603

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN LOWMAN

**DIRECTOR**

**05/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date