

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008295

1. Entity Name
ALMIGHTY'S GRACE SANCTUARY, INC.



Principal Place of Business
**11225 NW 53RD COURT
CORAL SPRINGS, FL 33076**

Mailing Address
**11225 NW 53RD COURT
CORAL SPRINGS, FL 33076**



01232006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1604811

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LALLEMAND, JEAN-ROBERT
11225 NW 53RD COURT
CORAL SPRINGS, FL 33076**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution

☒ **\$5.00 May Be
Added to Fees**

**1100000420650
02/16/06-80005-001 66.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LALLEMAND, JEAN-ROBERT
STREET ADDRESS	11225 NW 53RD COURT
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	VP
NAME	SAFAITE, MARIE R
STREET ADDRESS	11225 NW 53RD COURT
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	SEC
NAME	SAFAITE, FRANCES
STREET ADDRESS	11225 NW 53RD COURT
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	DIR
NAME	LALLEMAND, JEAN-ROBERT
STREET ADDRESS	11225 NW 53RD COURT
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	DIR
NAME	VINCENT, CEASAR
STREET ADDRESS	11225 NW 53RD COURT
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	DIR
NAME	BALTAZARD, GERALD
STREET ADDRESS	11225 NW 53RD COURT
CITY - ST - ZIP	CORAL SPRINGS, FL 33076

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE R. SAFAITE

1/31/06

(954) 752-1327

Date

Daytime Phone #