

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90176 017 \*\*\*\*61.25

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01202008 Chg-NP CR2E037 (11/05)

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N05000003017</b>   |   |   |  |  |  |
| 1. Entity Name<br><b>CALVARY EVANGELICAL ALLIANCE CHURCH OF POMPANO BEACH, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>PO BOX 502<br/>POMPANO BEACH, FL 33064</b>   |   |   | Mailing Address<br><b>PO BOX 502<br/>POMPANO BEACH, FL 33064</b> |   |  |
| 2. Principal Place of Business   |   |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |   |  |
| City & State   |   |   | City & State   |   |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>59-3824258</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |   |   |  | 7. Name and Address of New Registered Agent                                       |  |
| <b>ALEXANDRE, JEAN A<br/>1227 MONROE BLVD<br/>LANTANA, FL 33462</b>  |   |   |  | Name  |  |
|  |   |   |  | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|  |   |   |  | City  |  |
|  |   |   |  | FL Zip Code   |  |
| 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: <u>JEAN ALPH ALEXANDRE</u>  |   | <u>Jean A Alexandre</u>   |  | 03/03/06  |  |
| Filing Fee is \$81.25<br>Due by May 1, 2006  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be<br>Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>SAINVILUS, PIERRE V<br>PO BOX 502<br>POMPANO BEACH, FL 33064 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | T<br>LOUIS-JEUNE, DANIEL<br>PO BOX 502<br>POMPANO BEACH, FL 33064 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | AT<br>BLANC, LUNDA<br>PO BOX 502<br>POMPANO BEACH, FL 33064       | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | S<br>SAINVILUS, GESSY S<br>PO BOX 502<br>POMPANO BEACH, FL 33064  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| 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: <u>PIERRE V. SAINVILUS</u>  |   |   |  |   |  |

Dec 03 - 03-06 Payline Phone #