

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003017

1. Entity Name
**CALVARY EVANGELICAL ALLIANCE CHURCH OF
POMPANO BEACH, INC.**



Principal Place of Business
**PO BOX 502
POMPANO BEACH, FL 33064**

Mailing Address
**PO BOX 502
POMPANO BEACH, FL 33064**



04032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3824258

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALEXANDRE, JEAN A
1227 MONROE BLVD
LANTANA, FL 33462**

**DO NOT WRITE
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 *Rev. Jean A. Alexandre, Registered agent.*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04-11-07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000797078
04/24/07-80060-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SAINVILUS, PIERRE V**
STREET ADDRESS **PO BOX 502**
CITY-STATE-ZIP **POMPANO BEACH, FL 33064**

TITLE **T**
NAME **LOUIS-JEUNE, DANIEL**
STREET ADDRESS **PO BOX 502**
CITY-STATE-ZIP **POMPANO BEACH, FL 33064**

TITLE **AT**
NAME **BLANC, LUNDA**
STREET ADDRESS **PO BOX 502**
CITY-STATE-ZIP **POMPANO BEACH, FL 33064**

TITLE **S**
NAME **SAINVILUS, GESSY S**
STREET ADDRESS **PO BOX 502**
CITY-STATE-ZIP **POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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: *Pastor PIERRE V. SAINVILUS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-07 *954-600-3487*
Date Daytime Phone #