

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 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**



04262008 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 <input type="checkbox"/>	\$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 Alpha ALEXANDRE, Registered Agent. 04/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

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

1000000337964
05/27/08-80071-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAINVILUS, PIERRE V PO BOX 502 POMPANO BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOUIS-JEUNE, DANIEL PO BOX 502 POMPANO BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BLANC, LUNDA PO BOX 502 POMPANO BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAINVILUS, GESSY S PO BOX 502 POMPANO BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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: Rev. Sainvilus PIERRE V.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08 954) 600-3487
Date Daytime Phone #