

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90206 016 \*\*\*\*61.25

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DOCUMENT # N96000000014

1. Corporation Name

SAINT'S SANCTUARY, INC.

Principal Place of Business  
440 NE 39TH STREET  
POMPANO BEACH FL 33064  
US

Mailing Address  
301 NE 30 CT  
POMPANO BEACH FL 33064  
US



2. Principal Place of Business

21 440 NE 39 Street

Suite, Apt. #, etc.

22

23 City & State  
Pompano Bch, FL

24 Zip 33064 Country U.S.

2a. Mailing Address

26 301 NE 30 CT

Suite, Apt. #, etc.

27

28 City & State  
Pompano Bch, FL

29 Zip 33064 Country U.S.

3. Date Incorporated or Qualified

12/22/1995

4. FEI Number

65-0305442

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JENKINS, KEITH  
4119 N DIXIE HWY  
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETED

TITLE DP  
NAME GILLIS, MATHIEU  
STREET ADDRESS 301 NE 30TH CT  
CITY-ST-ZIP POMPANO FL

DELETED

TITLE D  
NAME PHILIPP, ROBERT  
STREET ADDRESS 1500 NE 35TH STREET  
CITY-ST-ZIP POMPANO FL 33064

DELETED

TITLE D  
NAME CEREMY, VICTOR  
STREET ADDRESS 3050 CIRAL SPRINGS DR  
CITY-ST-ZIP CORAL SPRINGS FL 33065

DELETED

TITLE D  
NAME JENKINS, KEITH  
STREET ADDRESS 4119 N DIXIE HWY  
CITY-ST-ZIP POMPANO BEACH FL

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT  
Matthew Gillis

4-11-99

Date

Daytime Phone #

CR25037 (11/98)