

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90001 013 \*\*\*\*61.25

**DOCUMENT # N96000000014**

1. Entity Name

**SAINT'S SANCTUARY ALLIANCE CHURCH, INC.**

Principal Place of Business

Mailing Address

**440 NE 39TH STREET  
POMPANO BEACH FL 33064  
US**

**301 NE 30 CT  
POMPANO BEACH FL 33064  
US**

2. Principal Place of Business

3. Mailing Address

**440 NE 39 Street**

**440 NE 39 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Pompano Bch, FL**

**Pompano Bch, FL**

Zip

Country

Zip

Country

**33064**

**U.S.A**

**33064**

**U.S.A**

6. Name and Address of Current Registered Agent

**JENKINS, KEITH  
4119 N DIXIE HWY  
POMPANO BEACH FL 33064**

**DELETE**

7. Name and Address of New Registered Agent

Name

**Buoby A Fernando**

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

**598 SW 10th Street  
Delray Bch FL**

City

FL

Zip Code

**33444**

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.

SIGNATURE

**Rev. Alberto F. Buel**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-5-2001**

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLIS, MATHIEU 301 NE 30TH CT POMPANO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIPP, ROBERT 1500 NE 35TH STREET POMPANO FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEREMY, VICTOR 3050 CICAL SPRINGS DR. CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roseme' Saint Juste 350 NE 25 CT POMPANO FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph D. Zumbo 530 SW 634 TERR Margate, FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 MATHIEU JEAN GILLES**  
**PASTOR**

**8-17-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)