# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 12, 2004**
**Secretary of State**

DOCUMENT# N96000000014

**Entity Name:** SAINT'S SANCTUARY ALLIANCE CHURCH, INC.

**Current Principal Place of Business:**

440 NE 39TH STREET
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

440 NE 39TH STREET
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

**FEI Number: 65-0705442** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERNANDO, BRISBY A
898 SW 10TH STREET
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: GILLIS, MATHIEU
Address: 301 NE 30TH CT
City-St-Zip: POMPANO, FL

Title: D ( ) Delete
Name: PHILIPP, ROBERT
Address: 1500 NE 35TH STREET
City-St-Zip: POMPANO, FL 33064

Title: D ( ) Delete
Name: SAINT JUSTE, ROSEME'
Address: 350 NE 25TH COURT
City-St-Zip: POMPANO BEACH, FL 33064

Title: T ( ) Delete
Name: ZUMOR, JOSEPH D
Address: 530 SW 634 TERRACE
City-St-Zip: MARGATE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATHIEU GILLIS DP 11/12/2004

Electronic Signature of Signing Officer or Director — Date