

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000014

FILED  
May 02, 2009  
Secretary of State

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:

301 NE 30 CT  
POMPANO BEACH, FL 33064 US

## New Mailing Address:

FEI Number: 65-0705442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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 33064

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: D (X) Change ( ) Addition  
Name: CEREMY, VITOR  
Address: 301 NE 30 CT  
City-St-Zip: POMPANO, FL 33064

Title: D (X) Change ( ) Addition  
Name: PIERRE, ALFRED  
Address: 301 NE 30 CT  
City-St-Zip: POMPANO BEACH, FL 33064

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 JEAN-GILLES

DP

05/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date