

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90277 009 *****61.25

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1. Entity Name

SAINT'S SANCTUARY ALLIANCE CHURCH, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0305442**

65-0705442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete
NAME **SAINT JUSTE, ROSEME'**
STREET ADDRESS **350 NE 25TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **T** ☐ Delete
NAME **ZUMOR, JOSEPH D**
STREET ADDRESS **530 SW 634 TERRACE**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

REQUIRE
REV. MATHIEU JEAN GILLES

4-21-03

Date

Daytime Phone #

CR2E037 (10/02)