

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008 8:00 am
Secretary of State

09-04-2008 90045 004 ****61.25

DOCUMENT # N99000000936

1. Entity Name
BETHESDA SANCTUARY INC.



Principal Place of Business
**5455 N STATE RD 7
TAMARAC, FL 33319**

Mailing Address
**8950 SOUTHERN ORCHARD RD
DAVIE, FL 33328**

40115197



2. Principal Place of Business - No P.O. Box #
1125 NW 30th Terr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09022008 Chg-NP CR2E037 (12/06)

City & State
Ft. Lauderdale, FL

City & State

4. FEI Number
65-0996738

Applied For
Not Applicable

Zip
33311

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMBROISE, MIMEROSE
8950 SOUTHERN ORCHARD ROAD
DAVIE, FL 33328**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AMBROISE, MIMEROSE
8950 SOUTHERN ORCHARD RD.
DAVIE, FL 33328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AMBROISE, DECIUS
8950 SOUTHERN ORCHARD RD.
DAVIE, FL 33328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AUGUSTIN, DIEULA
300 N.W. 30 CT., #206
POMPANO BEACH, FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FRANCOIS, RODELIN
12601 NW 11TH CT
SUNRISE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PETIT, MACULA
5455 N. S.R. #12
TAMARAC, FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-2-08 954-394-4365