

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006015

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** SAILVATION, INC.

**Current Principal Place of Business:**

8912 BEELER DR  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 736  
ST. PETERSBURG, FL 33731

**New Mailing Address:**

**FEI Number:** 26-3419760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUTTMANN, DEBORAH A  
8912 BEELER DRIVE  
TAMPA, FL 33626 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:** D  
**Name:** SACCO, JOSEPH  
**Address:** 200 2ND AVE S #347  
**City-St-Zip:** ST. PETERSBURG, FL 33701

**Title:** SD  
**Name:** KRUEGER, TIFFANY J  
**Address:** 200 4TH AVE. S. #325  
**City-St-Zip:** S. PETERSBURG, FL 33701

**Title:** T  
**Name:** SACCO, JOSEPH  
**Address:** 200 2ND AVE S #347  
**City-St-Zip:** ST. PETERSBURG, FL 33701

**Title:** PD  
**Name:** LUTTMANN, DEBORAH A  
**Address:** 8912 BEELER DR  
**City-St-Zip:** TAMPA, FL 33626

I hereby 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 all other like empowered.

**SIGNATURE:** DEBORAH A. LUTTMANN

PD

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date