

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005837

1. Entity Name

ST. SAVIOUR COMMUNITY CHURCH, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90163 022 \*\*\*\*61.25

Principal Place of Business

106 N.E. 3RD STREET  
POMPANO BEACH FL 33060

Mailing Address

4141 N.W. 22ND STREET  
COCONUT CREEK FL 33066-2012

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0871500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, DAVID E  
4141 N.W. 22ND STREET  
COCONUT CREEK FL 33066

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DAVID E	
STREET ADDRESS	441 NW 22ND	
CITY-ST-ZIP	COCOA CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELI, EVA	
STREET ADDRESS	216 NE 1ST AVE.	
CITY-ST-ZIP	POMPANO BCH. FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, RACHEL T	
STREET ADDRESS	216 N.E. 1ST AVE.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	STAFFORD, EDITH	
STREET ADDRESS	216 NE 1ST AVE	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, VICTORIA	
STREET ADDRESS	216 NE 1ST AVE	
CITY-ST-ZIP	POMPANO BCH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)