

2002

NON
**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90244 018 ****61.25

DOCUMENT # **198000005837**

1. Entity Name

ST. SAVIOUR COMMUNITY CHURCH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

106 N.E. 3RD STREET

Suite, Apt. #, etc.

3. Mailing Address

106 N.E. 3RD STREET

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-0871500

Applied For

Not Applicable

Zip

33060

Country

BROWARD

Zip

33060

Country

BROWARD

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

7. Name and Address of Current Registered Agent

Name

BROWN, DAVID F.

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

4141 NW 22ND STREET

City

COCONUT CREEK

FL

Zip Code

33066

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, DAVID F.
STREET ADDRESS	4141 NW 22ND STREET
CITY - ST - ZIP	COCONUT CREEK, FL 33066
TITLE	D
NAME	BEI, EVA
STREET ADDRESS	216 N.E. 1ST AVE.
CITY - ST - ZIP	Pompano Beach, FL 33060
TITLE	D
NAME	GARCIA RACHEL T.
STREET ADDRESS	216 N.E. 1ST AVE.
CITY - ST - ZIP	Pompano Beach, FL 33060
TITLE	D
NAME	STAFFORD, EDITH
STREET ADDRESS	216 N.E. 1ST AVE.
CITY - ST - ZIP	Pompano Beach, FL 33060
TITLE	D
NAME	Brown, Victoria
STREET ADDRESS	216 N.E. 1ST AVE.
CITY - ST - ZIP	Pompano Beach, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

(954) 783-9966

Daytime Phone #

CR2E0348 (12/01)