

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N98000005837

**1. Entity Name
ST. SAVIOUR COMMUNITY CHURCH, INC.**



**Principal Place of Business
106 N.E. 3RD STREET
POMPANO BEACH, FL 33060**

**Mailing Address
106 N.E. 3RD STREET
POMPANO BEACH, FL 33060**



04262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEL 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**

**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. 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 May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, DAVID E
441 NW 22ND
COCONUT CREEK, FL 33066**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARCIA, RACHEL T
216 N.E. 1ST AVE.
POMPANO BEACH, FL 33060**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STAFFORD, EDITH
216 NE 1ST AVE
POMPANO BEACH, FL 33060**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, VICTORIA
216 NE 1ST AVE
POMPANO BCH, FL 33060**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**U00000550077
05/13/06-80048-004 61.25**

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IN THIS SPACE**

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 #

4/27/06