


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



03092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0871500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

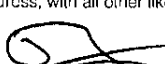
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DAVID E 441 NW 22ND COCONUT 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	

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05/25/07-80067-003 61.25

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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 4/15/07 Dyinging Phone # _____