

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90208 007 ****61.25

DOCUMENT # N98000006315

1. Entity Name
ST. SAVIOUR FOUNDATION, INC.



Principal Place of Business
**106 NE 3RD STREET
POMPAÑO BEACH, FL 33060**

Mailing Address
**106 NE 3RD STREET
POMPAÑO BEACH, FL 33060**

14006044



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0875479

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROWN, DAVID E
110 N.E. 2ND ST.
POMPAÑO BEACH, FL 33060**

**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, 2005**

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
**DPT
BROWN, DAVID E
4141 NW 22ND ST
COCONUT CREEK, FL 33066**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DAVIS, EUGENE
103 N.E. 2ND ST.
POMPAÑO BEACH, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BROWN, ALEXIS
212 N.E. 1ST AVENUE
POMPAÑO BEACH, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
BROWN, VICTORIA
216 NE 1ST AVE
POMPAÑO BEACH, FL 33066**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05