

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

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



03092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0875479

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
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, 2007**

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

U00000761711
05/25/07-80067-002 61.25

**DO NOT WRITE
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

4/15/07
Date Daytime Phone #