1/2

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 OCT 24 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006315

1. Entity Name
ST. SAVIOUR FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 106 NE 3RD STREET<br>POMPANO BEACH, FL 33060 | 106 NE 3RD STREET<br>POMPANO BEACH, FL 33060 |

09172008 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.
POMPANO 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 _____ 9/12/08
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 September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DPT |
| NAME | BROWN, DAVID E |
| STREET ADDRESS | 4141 NW 22ND ST |
| CITY ST ZIP | COCONUT CREEK, FL 33066 |
| TITLE | D |
| NAME | DAVIS, EUGENE |
| STREET ADDRESS | 103 N.E. 2ND ST |
| CITY ST ZIP | POMPANO BEACH, FL 33060 |
| TITLE | D |
| NAME | BROWN, ALEXIS |
| STREET ADDRESS | 212 N.E. 1ST AVENUE |
| CITY ST ZIP | POMPANO BEACH, FL 33060 |
| TITLE | DV |
| NAME | BROWN, VICTORIA |
| STREET ADDRESS | 216 NE 1ST AVE |
| CITY ST ZIP | POMPANO BEACH, FL 33060 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

decease?!

REINSTATEMENT

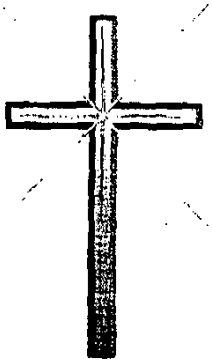
800127131388
10/21/08--01025--008 **61.25

**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:** _____ 9/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2



# ST. SAVIOUR
## COMMUNITY CHURCH, INC.

106 N.E. 1ST AVENUE
POMPANO BEACH, FLORIDA 33060
(954) 783-9966 • FAX (954) 783-8503

* (954) 5494216
Dan Brown 9/17/008.

To Whom It May Concern:

St. Saviour Academy Document #. P98000098069

St Saviour Foundation Document # N98000006315

and St. Saviour Community Church Document # N98000005837

were not delivered at the appropriate address. On Sept 15th a local business associate reported that the same were delivered at his address, a local Church.

Please forgive all late fees!!