2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N98000006315

Entity Name: ST. SAVIOUR FOUNDATION, INC.

Current Principal Place of Business:

106 NE 3RD STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

106 NE 3RD STREET
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0875479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, DAVID E
110 N.E. 2ND ST.
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: BROWN, DAVID E
Address: 4141 NW 22ND ST
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete
Name: DAVIS, EUGENE
Address: 103 N.E. 2ND ST.
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: BROWN, ALEXIS
Address: 212 N.E. 1ST AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MOLIENGO, JAMIE
Address: 1633 CORAL POINT DRIVE
City-St-Zip: CAPE CORAL, FL 33990

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BARTLETT, CLARENCE A
Address: 3101 PORT ROYALE BLVD #526
City-St-Zip: FT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE BARTLETT D 04/23/2009

Electronic Signature of Signing Officer or Director — Date