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# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 OCT 24 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086069

1. Entity Name
ST. SAVIOUR ACADEMY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 216 NE 1ST AVENUE<br>POMPANO BEACH, FL 33060 | 216 NE 1ST AVENUE<br>POMPANO BEACH, FL 33060 |

**DO NOT WRITE IN THIS SPACE**

09172008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0871501

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, EUGENE
106 NE 3RD STREET
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 _____ Date 9/12/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $550.00**
**Due by September 12, 2008**

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

08

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | BROWN, KEORA |
| STREET ADDRESS | 106 NE 3RD STREET |
| CITY-ST-ZIP | POMPANO BEACH, FL 33060 |
| TITLE | D |
| NAME | DAVIS, EUGENE |
| STREET ADDRESS | 106 NE 3RD STREET |
| CITY-ST-ZIP | POMPANO BEACH, FL 33060 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

# REINSTATEMENT

200137131262
10/21/08--01025--006 **150.00

**DO NOT WRITE IN THIS SPACE**

Pursuant to conversation w/ David Brown, Prin notices not received - Requested same

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 607, 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 #

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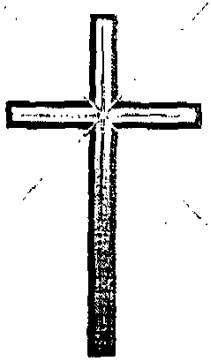

# ST. SAVIOUR
## COMMUNITY CHURCH, INC.

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

* (954) 5494216
Dora 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!!