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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001458 (8)**

1. Corporation Name
SAV-A-CHILD, INC.

Principal Place of Business	Mailing Address
2303 ROGERO RD JACKOSNVILLE FL 32211 US	69999-02 MERRILL RD SUITE 177 JACKSONVILLE FL 32277 US

3. Date Incorporated or Qualified: **03/21/1994**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3252238** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NORMA E LYON
3830 ROGERO RD.
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	RENNER, ARVILLE		1.2 NAME	WOODARD, DAVID	
STREET ADDRESS	6264 DIANE RD.		1.3 STREET ADDRESS	7780 ALLSPICE CIRCLE E.	
CITY-ST-ZIP	JACKSONVILLE FL 32211		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BROOKS, KENT		2.2 NAME	RENNER, MAVIS	
STREET ADDRESS	7104 WAIKIKI RD.		2.3 STREET ADDRESS	6264 DIANE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LYON, NORMA		3.2 NAME	BERENGUER, DOUGLAS	
STREET ADDRESS	3512 SIMCA DR. WEST		3.3 STREET ADDRESS	15535 CAPE DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COOK, LAURA		4.2 NAME		
STREET ADDRESS	7418 DARWOOD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED ARVILLE L. RENNER 4-24-97 (904) 743-9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #