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FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
2303 ROGERO RD  
JACKSONVILLE FL 32211  
US

SAV-A-CHILD, INC.  
PO Box 15197  
Jacksonville, FL 32239-5197

3. Date incorporated or Qualified  
03/21/1994

4. FEI Number  
59-3252238

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

NORMA E LYON  
3630 ROGERO RD.  
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent

81 Name  
SAME

82 Street Address (P.O. Box Number is Not Acceptable)  
1701 ROGERO ROAD

83 JACKSONVILLE

84 City

85 Zip Code  
FL 32211

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	RENNER, ARVILLE	
STREET ADDRESS	6264 DIANE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, KENT	
STREET ADDRESS	7104 WAIKIKI RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LYON, NORMA	
STREET ADDRESS	3512 SIMCA DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COOK, LAURA	
STREET ADDRESS	7418 DARWOOD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENNER, MAVIS	
STREET ADDRESS	6264 DIANE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	WOODARD, DAVID	
STREET ADDRESS	7780 ALLSPICE CIR. E.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BERENQUER, DOUGLAS J	
1.3 STREET ADDRESS	15335 CAPE DRIVE SOUTH	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AARON B. CLARK	
2.3 STREET ADDRESS	1070 BEASLEY CIRCLE	
2.4 CITY-ST-ZIP	UNION POINT, GA 30669	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Arville Renner*

438-98 (904)  
783-9088

CR2E037 (10/97)