# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2008**
**Secretary of State**

DOCUMENT# N94000001458

**Entity Name:** SAV-A-CHILD, INC.

**Current Principal Place of Business:**

711 ST. JOHNS BLUFF ROAD N.
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15197
JACKSONVILLE, FL 322395197 US

**New Mailing Address:**

**FEI Number: 59-3252238** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYON, NORMA E
711 ST. JOHNS BLUFF RD. NORTH
JACKSONVILLE, FL 32225 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: | PD | ( ) Delete |
| Name: | RENNER, ARVILLE L DR. | |
| Address: | 6264 DIANE RD. | |
| City-St-Zip: | JACKSONVILLE, FL 32277 | |
| Title: | VPD | ( ) Delete |
| Name: | MALEVAN, MIKE | |
| Address: | 12477 HIGHVIEW DR. | |
| City-St-Zip: | JACKSONVILLE, FL 32225 | |
| Title: | STD | ( ) Delete |
| Name: | LYON, NORMA E | |
| Address: | 3512 SIMCA DRIVE W | |
| City-St-Zip: | JACKSONVILLE, FL 32277 | |
| Title: | D | ( ) Delete |
| Name: | POLDING, BRIAN DR. | |
| Address: | 5533 LONDON LAKE DR. | |
| City-St-Zip: | JACKSONVILLE, FL 32258 | |
| Title: | D | ( ) Delete |
| Name: | CLARK, AARON | |
| Address: | P O BOX 1331 | |
| City-St-Zip: | WATKINSVILLE, GA 30677 | |
| Title: | D | ( ) Delete |
| Name: | LEWIS, GRADY | |
| Address: | 8444 GALVESTON AVE | |
| City-St-Zip: | JACKSONVILLE, FL 32211 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ARVILLE RENNER PD 03/20/2008

Electronic Signature of Signing Officer or Director — Date