2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2009
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:

8300 MERRILL RD.
JACKSONVILLE, FL 32277 US

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

LYON, NORMA E
8300 MERRILL RD.
JACKSONVILLE, FL 32277 US

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: NORMA E. LYON 10/05/2009
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 L. RENNER PD 10/05/2009
Electronic Signature of Signing Officer or Director Date