

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001458

FILED
Feb 01, 2011
Secretary of State

Entity Name: SAV-A-CHILD, INC.

Current Principal Place of Business:

8300 MERRILL RD.
JACKSONVILLE, FL 32277 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
8300 MERRILL RD.
JACKSONVILLE, FL 32277 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
Name: RENNER, ARVILLE L DR.
Address: 6264 DIANE RD.
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPD
Name: MALEVAN, MIKE
Address: 12477 HIGHVIEW DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: STD
Name: LYON, NORMA E
Address: 3512 SIMCA DRIVE W
City-St-Zip: JACKSONVILLE, FL 32277

Title: D
Name: POLDING, BRIAN DR.
Address: 5533 LONDON LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: D
Name: CLARK, AARON
Address: P O BOX 1331
City-St-Zip: WATKINSVILLE, GA 30677

Title: D
Name: LEWIS, GRADY
Address: 8444 GALVESTON AVE
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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 all other like empowered.

SIGNATURE: DR. ARVILLE L. RENNER

PRES

02/01/2011

Electronic Signature of Signing Officer or Director

Date