

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90196 022 ****70.00

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1. Entity Name

SAV-A-CHILD, INC.



Principal Place of Business

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

Mailing Address

**PO BOX 15197
JACKSONVILLE FL 32239-5197
US**

90010629



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3252238**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RENNER, ARVILLE L
6264 DIANE ROAD
JACKSONVILLE FL 32277**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RENNER, ARVILLE L DR.	
STREET ADDRESS	6264 DIANE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BERENGUER, DOUGLAS J REV	
STREET ADDRESS	15335 CAPE DRIVE S.	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LYON, NORMA E	
STREET ADDRESS	3512 SIMCA DRIVE W	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODARD, DAVID E JR. DR.	
STREET ADDRESS	7780 ALLSPICE CIR. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, AARON	
STREET ADDRESS	1070 BEASLEY CIRCLE	
CITY-ST-ZIP	UNION POINT GA 30669	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENNER, MAVIS	
STREET ADDRESS	6264 DIANE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grady Lewis	
STREET ADDRESS	8444 Galveston Ave.	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike A. Malevan	
STREET ADDRESS	8701 Hampshire Glen Dr S.	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian E. Polding	
STREET ADDRESS	5533 London Lake Dr.	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

ARVILLE L. RENNER, Ph.

1-24-03 (904)996-6903

CR2E037 (10/02)