

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001458

Entity Name: SAV-A-CHILD, INC.

Current Principal Place of Business:

8300 MERRILL RD.
JACKSONVILLE, FL 32277

Current Mailing Address:

PO BOX 15197
JACKSONVILLE, FL 32239-5197 US

FEI Number: 59-3252238

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name RENNER, ARVILLE LDR.
Address 6264 DIANE RD.
City-State-Zip: JACKSONVILLE FL 32277

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

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

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

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

Title D
Name BRABSON, MICHELLE
Address P. BOX 8645
City-State-Zip: JACKSONVILLE FL 32239

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: ARVILLE RENNER

PRES.

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date