

**2017 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.**

**01/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date