

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