

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742883 (2)
1. Corporation Name
SATURDAY'S CHILDREN INCORPORATED



Principal Place of Business 1905 STATE STREET P.O. BOX 4998 TAMPA FL 33607 US		Mailing Address 1905 STATE STREET P.O. BOX 4998 TAMPA FL 33607 US	
3. Date incorporated or Qualified 05/15/1978		3a. Date of Last Report 05/01/1995	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. FEI Number 59-1853602	24. Applied For <input checked="" type="checkbox"/> Not Applicable
25. Certificate of Status Desired <input type="checkbox"/>	26. \$8.75 Additional Fee Required	27. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	28. \$5.00 May Be Added to Fees
29. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30.	

9. Name and Address of Current Registered Agent BARNES, SYBIL 1905 STATE STREET TAMPA FL 33607		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		85. Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11. TITLE	VD
NAME	MILLER, SHARON	12. NAME	CARLEY, SYLVIA MARION
STREET ADDRESS	2413 WEST GRAY STREET	13. STREET ADDRESS	7821-53RD STREET
CITY-ST-ZIP	TAMPA FL	14. CITY-ST-ZIP	TAMPA, FL
TITLE	VD	21. TITLE	D
NAME	DU PREE, MOGUL	22. NAME	LONDON, JANICE S.
STREET ADDRESS	1114 GRACE STREET	23. STREET ADDRESS	5201 CUMBERLAND DRIVE
CITY-ST-ZIP	TAMPA FL	24. CITY-ST-ZIP	TAMPA, FL
TITLE	D	31. TITLE	
NAME	JOHNSON, S. KAREN	32. NAME	
STREET ADDRESS	3615 NORTH BAY	33. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34. CITY-ST-ZIP	
TITLE	D	41. TITLE	
NAME	LARRY, ERNESTINE	42. NAME	200001829882
STREET ADDRESS	3214-11TH AVENUE	43. STREET ADDRESS	05/20/96--01057--027
CITY-ST-ZIP	TAMPA FL	44. CITY-ST-ZIP	***61.25
TITLE	D	51. TITLE	
NAME	THOMAS, DORIS	52. NAME	
STREET ADDRESS	2922 BANZA	53. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54. CITY-ST-ZIP	
TITLE	D	61. TITLE	
NAME	BARNES, SYBIL	62. NAME	
STREET ADDRESS	1905 STATE STREET	63. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Sybil A. Barnes 04/26/96 (813) 253-7210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (12/95)