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FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742883** (2)

1. Corporation Name

SATURDAY'S CHILDREN INCORPORATED

Principal Place of Business

Mailing Address

**1905 STATE STREET
P.O. BOX 4998
TAMPA FL 33607
US**

**1905 STATE STREET
P.O. BOX 4998
TAMPA FL 33607
US**

3. Date Incorporated or Qualified

05/15/1978

4. FEI Number

59-1853602

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Country

29
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNES, SYBIL
1905 STATE STREET
TAMPA FL 33607**

81 Name

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

83

84 City

FL

85 Zip Code

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

Sybil Barnes

(NOTE: Registered Agent signature required when reinstating)

DATE

05/01/98

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, SHARON	
STREET ADDRESS	2413 WEST GRAY STREET	
CITY-ST-ZIP	TAMPA FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARLEY, SYLVIA M	
STREET ADDRESS	7821 53RD ST.	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, S. KAREN	
STREET ADDRESS	3615 NORTH BAY	
CITY-ST-ZIP	TAMPA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LARRY, ERNESTINE	
STREET ADDRESS	3214-11TH AVENUE	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LONDON, JANICE S	
STREET ADDRESS	5201 CUMBERLAND DR.	
CITY-ST-ZIP	TAMPA FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNES, SYBIL	
STREET ADDRESS	1905 STATE STREET	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 Barnes

05/01/98 (813) 253-7210

CR2E037 (10/97)