


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90128 035 ****70.00

0051857

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 742883					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/15/1978	
22 City & State		27 City & State		4. FEI Number 59-1853602	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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		
			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 <i>Sybil H. Barnes</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>04/30/99</i>					
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	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				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Sybil H. Barnes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99 (813) 253-7051
Date Daytime Phone #

CR2E037 (11/98)