


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 742883</b> 1. Entity Name <b>SATURDAY'S CHILDREN INCORPORATED</b>	
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Principal Place of Business <b>1905 STATE STREET P.O. BOX 4998 TAMPA, FL 33607 US</b>	Mailing Address <b>1905 STATE STREET P.O. BOX 4998 TAMPA, FL 33607 US</b>
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**DO NOT WRITE IN THIS SPACE**



03212003 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1853602</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLER, SHARON 2413 WEST GRAY STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARLEY, SYLVIA M 7821 53RD ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LARRY, ERNESTINE 3214-11TH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONDON, JANICE S 5201 CUMBERLAND DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARNES, SYBIL 1905 STATE STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/01/04-80005-001 70.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Sybil A. Barnes* **5/25/04 (813) 276-3434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #