

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90197 042 ****70.00

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|--|--|---|--|--|--|
| DOCUMENT # 742883 1. Entity 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 5201 Cumberland Drive Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 4998 Suite, Apt. #, etc. | | | |
| City & State Tampa, FL | | City & State Tampa, FL | | 4. FEI Number 59-1853602 | |
| Zip 33617 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARNES, SYBIL 1905 STATE STREET TAMPA, FL 33607 | | | | 7. Name and Address of New Registered Agent Name Janice S. London Street Address (P.O. Box Number is Not Acceptable) 5201 Cumberland Drive City Tampa FL Zip Code 33617 | |
| 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 <u>Janice S. London, President</u> <i>Janice S. London</i> May 11, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MILLER, SHARON 2413 WEST GRAY STREET TAMPA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CARLEY, SYLVIA M 7821 53RD ST. TAMPA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LARRY, ERNESTINE 3214-11TH AVENUE TAMPA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LONDON, JANICE S 5201 CUMBERLAND DR. TAMPA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BARNES, SYBIL 1905 STATE STREET TAMPA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 or other like empowered. | | | | | |
| SIGNATURE: <i>Janice S. London</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 05/11/05 (813) 276-3434 <small>Date Daytime Phone #</small> | | |