

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009952

FILED
Apr 28, 2008
Secretary of State

Entity Name: SAVE WORLD HEALTH FOUNDATION, INC.

Current Principal Place of Business:

1945 SIRIUS LANE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1945 SIRIUS LANE
WESTON, FL 33327

New Mailing Address:

FEI Number: 26-1264326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRENKER, JOHN C
304 CALUMET DRIVE
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALTER, BLYTHE
Address: 1945 SIRIUS LANE
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: L'ITALIEN, SHAWNA L
Address: 617 BRICKER FARMS LANE
City-St-Zip: SALEM, OH 44460

Title: D () Delete
Name: KARNOFEL, LUCILLE
Address: 954 SHAKER COURT
City-St-Zip: SALEM, OH 44460

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BLYTHE, GARY W
Address: 32282 WOODDALE DRIVE
City-St-Zip: HANOVERTON, OH 44423

Title: D () Change (X) Addition
Name: MILLIKEN, NANCY
Address: 32742 WOODDALE DRIVE
City-St-Zip: LISBON, OH 44432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER BLYTHE

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date