2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N07000009952

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:	D	( ) Delete
Name:	BLYTHE, GARY W	
Address:	32282 WOODDALE DRIVE	
City-St-Zip:	HANOVERTON, OH 44423	
Title:	D	( ) Delete
Name:	MILLIKEN, NANCY	
Address:	32742 WOODDALE DRIVE	
City-St-Zip:	LISBON, OH 44432	

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

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 03/20/2009

Electronic Signature of Signing Officer or Director — Date