

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009952

FILED  
Feb 02, 2010  
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  
**Name:** L'ITALIEN, SHAWNA L  
**Address:** 617 BRICKER FARMS LANE  
**City-St-Zip:** SALEM, OH 44460

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

**Title:** D  
**Name:** BLYTHE, GARY W  
**Address:** 32282 WOODDALE DRIVE  
**City-St-Zip:** HANOVERTON, OH 44423

**Title:** D  
**Name:** MILLIKEN, NANCY  
**Address:** 32742 WOODDALE DRIVE  
**City-St-Zip:** LISBON, OH 44432

I hereby 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 all other like empowered.

**SIGNATURE:** GARY BLYTHE

D

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date