
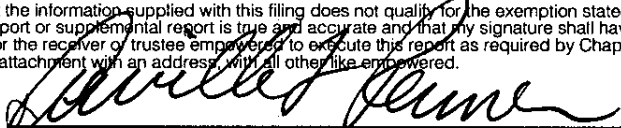


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90021 034 ****70.00

DOCUMENT # N94000001458 1. Entity Name SAV-A-CHILD, INC.					
Principal Place of Business 711 ST. JOHNS BLUFF ROAD N. JACKSONVILLE, FL 32225 US				Mailing Address PO BOX 15197 JACKSONVILLE, FL 32239-5197 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LYON, NORMA E 711 ST. JOHNS BLUFF RD. NORTH JACKSONVILLE, FL 32225				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD RENNER, ARVILLE L DR. 6264 DIANE RD. JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD mike malevan 12477 Highview Dr. Jacksonville, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERENGUER, DOUGLAS J REV 15335 CAPE DRIVE S. JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brian Polding Dr. 5533 London Lake Dr. Jacksonville, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LYON, NORMA E 3512 SIMCA DRIVE W JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODARD, DAVID E JR. DR. 7780 ALLSPICE CIR. E. JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, AARON 1070 BEASLEY CIRCLE UNION POINT, GA 30669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENNER, MAVIS 6264 DIANE RD. JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARVILLE L. RENNER			Date 2-10-04 (904) 976-6903 Daytime Phone #		